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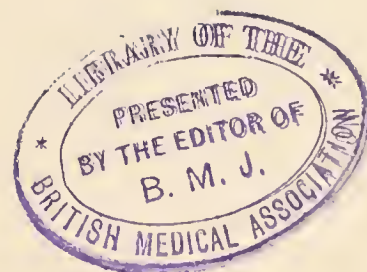
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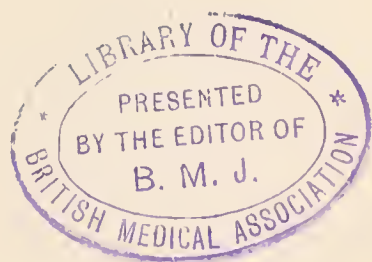




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HEARING OF SENATE BILL No. 142 BEFORE THE JOINT COMMITTEE ON PUBLIC CHARITABLE INSTITUTIONS, STATE HOUSE, BOSTON,
MASS., APRIL 11, 1911 (SEE PAGE 135)

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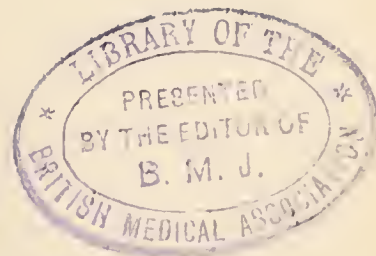
OCCUPATION

AS A SUBSTITUTE FOR

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IN THE TREATMENT OF THE

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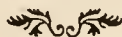


A HISTORY OF THE PASSAGE OF
TWO BILLS
THROUGH THE MASSACHUSETTS LEGISLATURE

By

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Massachusetts Society for Mental
Hygiene, etc., etc.



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Dedicated

TO THE

FRIENDS OF THE MENTALLY ILL
WHOSE SUPPORT MADE POSSIBLE THE
ENACTMENT OF LAWS, THE HIS-
TORIES OF WHICH ARE GIVEN
IN THIS VOLUME

INTRODUCTION

This volume is issued as a mental hygiene document, with the purpose of giving to the public the history of how the use of restraint in our hospitals for the mentally ill was placed by law entirely in the hands of the superintendents, making them wholly responsible for the application of restraint in their hospitals; also to show how the use of occupational therapy was stimulated to take the place of restraint in the treatment and care of our mental patients.

No movement in Massachusetts before or since the events set forth in this volume has brought so many prominent persons to the aid of our mentally ill. The reader can judge how far this agitation and legislation went in educating the public and in bringing together some of the most intelligent minds of our community, who, studying and understanding the needs of our mentally ill and the remedies for ameliorating their condition, joined in the common cause of obtaining the most intelligent care and treatment for them.

This is a history of three bills, introduced in the Legislature of 1911, all of which were strenuously opposed by certain men in high positions, most of them connected with private hospitals as proprietors, or with the State service for the care and treatment of the mentally ill as officials or trustees. This opposition was absolutely unwarranted, for these bills proposed to give the medical superintendents more power in controlling the abuse of restraint, and enabled them better to carry out occupational therapy in their hospitals. That there were, in some cases, personal mo-

tives for the opposition will be shown by the inconsistency of the statements made at the hearings on these bills, which I quote verbatim from the stenographer's notes.

I am bringing out these facts, not in self-justification, — the almost universal acceptance of the measures advocated by me at that time, and the fact that the changes in the system were made without any difficulty, once the bills became laws, is sufficient justification, — but to show the difficulties which at that time beset any one who attempted to change institutional matters, especially where the interests of those who had been deprived of the rights of citizenship and were not permitted to speak for themselves were concerned.

Two of these bills became law after one of the most sensational legislative battles in the history of Massachusetts. The other was voluntarily sacrificed, in spite of splendid support from some of the most eminent and public-spirited men and women in Boston, in order to save the two other more urgent bills; but the meetings, discussions and hearings on all three bills awakened a hitherto dormant interest in the cause of the mentally ill. These bills and the hearings held on them constituted the first large movement undertaken to educate the public in what is now called mental hygiene, and it was probably the education of leaders in public opinion by these open discussions that paved the way for the Massachusetts Society for Mental Hygiene and for the very progressive work now being done in Massachusetts by the State Department of Mental Diseases, in their Division on Mental Hygiene.

In 1911, only twelve years ago, the terms "psychiatry" and "mental hygiene" were hardly known,

except among professional men. Among the hundreds who attended the hearings and the thousands who read the accounts of what was then said by the prominent physicians and educators of our community, few had thereafter any doubts of the necessity of therapeutic occupation in place of restraint in the treatment of our mentally sick, and the seeds then sown among the public have never ceased to grow.

The opposition to the "Occupation Bill" followed the same lines as that to the "Restraint Bill," and came from the same sources. Dr. Copp personally opposed the measure in no uncertain language, attacking vehemently both the bill and its author.

The defeat of the opposition and the successful passage of these two bills into law so disturbed and angered the physicians who opposed this legislation that Dr. Walter Channing saw his opportunity to enlist recruits in his campaign of propaganda against me; and beginning with his cousin, Dr. Henry R. Stedman, he soon had associated with him Dr. Gay, Dr. Blake and Dr. Howard; and by the time I was nominated a member of the State Board of Insanity, he had induced others to join him. Of these and their activities I may have something to say in a later volume.

Far from the agitation hurting the institutions or the patients, it stimulated those in charge to renewed efforts to give the patients more scientific treatment. That the laws passed have been proved wise is shown by the fact that at the end of thirteen years they are considered necessary and even progressive measures. The provisions of the so-called "Restraint Bill" have never been questioned since the day it was passed, and no attempt has ever been made either to repeal

or to amend it. Its provisions are being carried out most faithfully by the present Department of Mental Diseases and its hospitals.

These laws, besides educating the public, went far to reassure the relatives and friends of the patients that they were to have protection prescribed by the State.

Some supposedly intelligent physicians seemed not to have grasped the purpose of the "Restraint Bill." They talked and testified as if it was intended entirely to abolish the use of restraint, and it seemed impossible that they could really have read the bill. From their testimony they showed how little they knew of the true conditions in their own institutions or in the other hospitals for the mentally ill. Dr. Gay, for instance, tried to be jocose and to ridicule the bill, and spoke of it as if it would prevent the use of restraint by physicians even where they felt it to be necessary. Other physicians were indignant, and it was pathetic to listen to the statements they made which showed their ignorance of the true conditions, especially when they testified that there was no abuse and no need in our institutions for such a regulation. They certainly could not have read in the newspapers accounts of abuse occurring in some of the institutions with which *they* were connected. Dr. Copp stated that "restraint was used in Taunton State Hospital in 1895 five times, where the same kind of restraint is today (1911) used once," and I refer the reader to Dr. Goss' letter to Dr. Copp, stating what was reported as restraint in 1895. But even Dr. Copp acknowledged that under his administration restraint had increased at first, so that ten years later, in 1905, there was six times the

amount of restraint used that there was in 1911. He also stated that monthly reports of restraint used in institutions were begun in April, 1909. The reader will note that this date is subsequent to my demands that conditions be improved, and it was not until after these demands that the State Board asked for monthly reports.

Dr. Tuttle, superintendent of the McLean Hospital, testified (page 159) that he had 222 patients, and only one, a woman, under restraint, and said (page 157): "I suppose your committee understands that, so far as the great mass of patients who go to the hospital is concerned, no form of restraint mentioned in this bill is needed or ever used, . . . but there are a few exceptional cases where perhaps, as this bill recognizes, some form of restraint can be used." Dr. Copp, testifying at the same hearing (page 168), said: "Last month 21 persons only were under any form of restraint in 24 licensed institutions. The McLean had the largest part of that; or, stating it specifically, in the 23 other hospitals outside of McLean, 4 patients were in restraint or seclusion." He also testified that it was in private hospitals that the "greatest abuse in the State prevailed."

Dr. Stedman's testimony at the hearing of April 11, 1911, showed the members of the Legislature how out of touch some of the trustees and superintendents were with their own institutions, and how necessary just such a law as I proposed was, fixing the responsibility where it belonged and making restraint a medical measure only. He testified (page 151): "At present we have no patient in actual restraint at Taunton." During the same hearing, ten minutes later (page 156), he said:

"We have one man who constantly denudes himself, and we cannot keep pace with him; so he has a canvas suit which laces in the back, but none of his movements are restricted. We have a desperate suicidal case; she has a camisole, with hands and feet loose. And another patient with maniacal frenzy who makes constant attacks upon everybody; her hands and feet are not enclosed except in a long sleeve, so that real restraint does not exist at the present time at Taunton." He did not say anything about seclusion at Taunton, where, during his administration as chairman of the Board of Trustees, hundreds of patients were shut up alone in their rooms, the favorite method employed there for fastening the door being to wedge it with a towel so that it could be opened by the nurse but not by the patient, thus, even after the law was passed, evading it and not reporting this as restraint or seclusion. This was one of the conditions I found when I went on to the State Board of Insanity, and one day visited the Taunton State Hospital, in company with our chairman, Dr. O'Meara. For example, in one of these rooms which we had opened, we found a man alone, lying on the floor, there being no furniture whatever in the room. He was pulseless and dying; an hour later he was dead. The medical officer of the hospital who took us around did not know that either this man or several others whom we found on this ward were in solitary confinement in their rooms with doors fastened by the towel method. Can any one doubt the wisdom of such a law as I advocated, fixing the responsibility on the superintendent, when such conditions could exist?

At the hearing Dr. Stedman said my "Restraint

Bill" was not necessary, and almost in the next breath he said, "Restraint cannot always be properly supervised in State institutions because of the small number of people employed." So, too, Dr. Stedman showed his lack of familiarity with the quantity of drugs used at the Taunton State Hospital, for he testified at this same hearing: "The amount of drugs and hypnotics administered in our institutions is infinitesimal." I have had the records of the hospitals searched for a period of four years, beginning February 1, 1911, and found that the Taunton State Hospital, at this time under Dr. Stedman, as chairman, used more drugs than any other State hospital in Massachusetts, with one or two exceptions, and more liquor than any other of our State hospitals. In fact, more liquor was used in the Taunton State Hospital than in eight of the other State hospitals added together. In his private hospital, "Bournewood," Dr. Stedman used a considerable amount of restraint. As an instance, I will give the record of one patient in 1911 and 1912. This was a "voluntary" patient, who told me that she had signed a voluntary paper under threat of being committed if she did not sign. This patient was "tied to a chair with one sheet" or a "camisole" applied part of each day from October 23 to December 1, inclusive, in 1911, and then part of almost every day until February 10, 1912. Of this patient Dr. Fuller, an officer of the State Board who officially visited the private hospitals, said in one of his reports:

Mrs. —, a depressed and disturbed woman, was a voluntary patient. She is constantly making verbal demands to go away; and in view of the restraint which is required, as she is desperately suicidal, it seems to me perhaps the spirit of the law is being avoided, although the letter is being obeyed.

In September, 1911, Dr. Fuller visited and found that no restraint book was being kept by Dr. Stedman. He called the attention of the Board to this fact and they ordered one kept.

I give below a copy of the form of application Dr. Stedman used for a "voluntary" patient when entering his hospital. It was sometimes signed at his sanatorium and sometimes at his office or elsewhere:

AUG. 14, 1911.

I hereby apply for admission and treatment at Dr. Stedman's Sanatorium, Bournemouth.

Signed:-----
Marblehead.

Witness:

ARTHUR M. ELLENWOOD.

Dr. Walter Channing, who was chairman of the Board of Trustees of the Boston State Hospital, and conducted a private sanatorium in Brookline, used a slightly different form for his voluntary patients:

BROOKLINE, MASS., October 3, 1911.

To the Superintendent of the Channing Sanatorium:

I hereby make application to be received as a boarder and patient in the Channing Sanatorium, and agree to submit myself to such treatment as may seem best by the physicians.

Signed: Mrs. —

Witness:

J. M. HOFT.

It was evident that the State Board could not have known very much of what was going on in some of these private institutions for a year or more at a time. For instance, at Dr. Channing's there was no record of a visit by any member of the Board or its agent during the years 1904, 1906, 1907, 1908, and only one visit in each of the years 1901, 1903 and 1909. After

the agitation in 1909, visits were made to these institutions two or three times a year. That such lax methods were allowed to continue year after year was one of the reasons which prompted me to ask the Legislature to put the responsibility for the use of restraining apparatus, seclusion and drugs in the hands of the superintendents; in other words, to make them directly responsible for the use of these agencies, and to prevent the abuse of them by attendants or nurses.

In this book the italics are mainly mine, used where I wish to bring out certain facts.

I trust that this volume will prove of educational value not only to psychiatrists and other medical men, but to the laity.

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OCCUPATION AS A SUBSTITUTE FOR RESTRAINT IN THE TREATMENT OF THE MENTALLY ILL

CHAPTER I

ASSOCIATION WITH DR. WALTER CHANNING AND HIS INSTITUTION. — HIS
STRANGE BEHAVIOR. — DR. CHANNING STARTS HIS CAMPAIGN
TO DISCREDIT ME

The better to understand my reasons for introducing into the Massachusetts Legislature bills for the regulation of restraint and for occupational therapy in our public and private hospitals, and also to help the reader to understand from whence the opposition came and its cause, I am going to describe conditions in these institutions as they existed prior to the introduction of my bills, my activities leading up to the passage of the bills, and the opposition to the bills.

I think most readers will realize that the opposition was selfish, starting with those superintendents and proprietors of private institutions who were running their so-called hospitals for gain. The fear they exhibited when these laws were proposed and were in process of passage showed plainly their consciousness that their institutions were very far from what they should be. The Governor told me that a physician, the owner of one of the largest private sanatoriums in the State, said to him that "if he signed the 'Briggs Bill' his and some of the other private sanatoriums would have to close up as they could not do business."

My first intimate knowledge of Massachusetts institutions where the mentally ill were cared for was acquired in 1900. I had previously had charge of mental cases in private practice, and was associated on different occasions with Dr. George F. Jelly, Dr. Charles A. Folsom, Dr. Walter Channing and others. In fact, I had had the care of several relatives of Dr. Channing, who in consequence placed every confidence in me, and was very anxious that I should go into partnership with him in Brookline, where he had a sanatorium where there were at that time about twenty-two patients. In 1900 I had my office at 114 Mount Vernon Street, Boston, in a house which I had bought and in which I also lived. So anxious was Dr. Channing to have me go into partnership with him that he made me a flattering offer, and in addition agreed to purchase my house at cost, to give me virtually full charge of his sanatorium, and to take an office on Boylston Street, where I could see my private patients three days a week, and which he would use on other days. He also said he was anxious to go abroad; that he had for some years been wanting to go, but that he had had no one to leave in charge of his patients in whom he felt sufficient confidence, but that if I would accept his proposition he would feel safe in leaving me in entire charge and would go abroad for the winter. These arrangements were mutually agreed to. I took charge of his sanatorium in the fall of 1900, and he soon after went abroad.

I then found how easy it was for private hospital physicians to become commercial men; how easy it was to accept voluntary cases from families who were well-to-do, and who preferred paying large sums to

private hospitals which would receive their relatives on a voluntary basis, when the State hospitals did not consider the same patients capable of signing a voluntary commitment. I learned that many of the "voluntary patients" were not voluntary patients, but patients in restraint and seclusion, who would gladly get away if they could. I also soon learned that restraint and seclusion were used in the private hospitals to a much greater extent than in the public hospitals, for reasons of economy. In other words, it was more profitable to employ one nurse to look after several patients, though the sum paid for each patient was supposed to be sufficient to include a private nurse. The only way in which one nurse could take care of so many patients was by locking them in seclusion or putting them in restraint. I was nearly stunned soon after entering this sanatorium to hear the remark, "I believe Mrs. So-and-So is going to get well; I'm afraid we shall lose her." Later I found this to be the attitude about many of the more profitable patients.

These are some of the facts which came to my notice concerning the abuses in the care of patients, and I did my best to correct the many evils which I found to exist. I immediately saw to it that the patient whose family paid an amount sufficient for the full time of a nurse either had a special nurse or new arrangements were made with the family. Seclusion and restraint in a few weeks were entirely abolished; the restraining apparatus was put in a lower drawer in the office and locked up for good, and neither drugs nor packs were used in its place.

Under the new system which I inaugurated patients not requiring treatment and who were there only as

boarders and who could be looked after by their families or their friends were discharged, and in their places acute cases, interesting and hopeful cases, were accepted, so that when Dr. Channing arrived from Europe he found more patients in his hospital than he had ever had there before. In fact, I had taken a room he used as his office, made it into a bedroom, and had a patient even there. By accepting cases with the idea of curing them and turning them out as soon as possible, I had made the hospital much more profitable than by holding on to the chronic cases as long as possible, and was pleased when Dr. Channing said that my year with him was the most profitable year the sanatorium had ever had. This was partly due to a continual turning over of patients, and keeping every bed filled most of the time.

Before taking charge of Dr. Channing's sanatorium, I was anxious that he should establish a hydrotherapeutic plant for the treatment of patients, for I believed that such treatment would supplant much of the restraint which he had hitherto deemed it necessary to use in violent cases.

Dr. Channing wrote to me on August 16, 1900:

MY DEAR DR. BRIGGS:— I am interested in what you say about the matter of hydrotherapeutic apparatus, and we must meet and talk it over. I am afraid I shall not have time to lunch with you, but I will make an effort to meet you at the Union Club tomorrow at 2 o'clock.

Yours very truly,

WALTER CHANNING.

I persuaded him to let me go ahead and establish such a plant in his sanatorium immediately after I took charge. In a letter from him dated August 25, 1900, I find the following reference to this undertaking:

*Walter Channing, M.D.
L. Vernon Briggs, M.D.
Channing Sanitarium.*

*Boston Office: 84.5 Boylston Street.
Hours, 1 to 2 P.M.
Cor. Boylston St. & Chestnut Hill Ave.,
Brookline, Mass.*

CARD USED IN 1900



HYDROTHERAPEUTIC PLANT INSTALLED AT THE CHANNING SANATORIUM

It would be well to have the men from New York come over to make the necessary estimates, and I will set Wednesday, September 5, at 11, as the time I will be in Brookline.

I attended to putting in the hydrotherapy plant, and after it had been installed, Dr. Simon Baruch wrote Dr. Channing:

51 WEST 70TH STREET, NEW YORK, November 10, 1900.

MY DEAR MR. CHANNING:—My talks with Dr. Briggs have been very satisfactory, inasmuch as I have found him "good soil" for hydrotherapy. He will doubtless be of great service to you and to "the cause." Thanks for check.

Yours very truly,

S. BARUCH.

In November, 1901, our tentative agreement terminated, and Dr. Channing and I severed our relations in so far as the sanatorium was concerned. I was grateful to Dr. George F. Jelly for saving me from having obligated myself for five years to a private sanatorium, as Dr. Channing had proposed. When Dr. Channing first made his proposition to me for five years, I consulted Dr. Jelly, who said:

I have known Dr. Channing and his institution for a good many years, and I should strongly advise you not to make an agreement for over one year, when you will be in a position to decide whether you will be happy under a longer arrangement.

Dr. Channing and I did not sever our professional or our social relations at this time, and he proposed that we keep the office at 619 Boylston Street, of which we should share the expense, and where he could see patients on consultation. We did carry out this arrangement for several years, finally giving it up when my practice demanded the entire use of one office. Later still he was very desirous that I should become his

partner in a plan for a hydrotherapeutic plant in a house on Newbury Street which he offered to buy for the purpose. My private practice had so increased that I did not feel that I could give the time such an undertaking would require. Still our relations were amicable and intimate. We wrote papers together and dined together each week at either one of his or one of my clubs, and often went to the theater or vaudeville together afterwards, until one day I received the following letter:

BROOKLINE, November 27, 1904.

MY DEAR DR. BRIGGS: — Your letter of the 25th, asking me to lunch at the St. Botolph Club at hand. I am sorry that I cannot accept your invitation for various reasons.

Yours truly,

W. CHANNING.

This letter, together with the antagonism he began to show toward me, and his refusal to explain either his letter or his unusual behavior which followed it, led me to appeal to my friends to ascertain the cause of his unprofessional acts. But from that day to this I have never been able to understand his sudden change of attitude, and efforts made by me and my friends failed to elicit from him any reasons for his behavior as shown from this time on. Our business and professional relations had virtually ceased some time before, excepting an occasional consultation, but we had intimate social relations at this time, and he often asked me for advice in regard to members of his family.

Soon after receiving this letter, I began to feel Dr. Channing's influence against me, professionally and socially; and when I took up the matter of bringing about better conditions in our hospitals, both State

and private, he became very active in his opposition to everything I did, and induced his friends, his relatives, and, so far as possible, his acquaintances, not only to oppose my reforms, but to persecute me. He was instrumental in putting forth and circulating among the profession and in the community false stories and innuendoes concerning me, and he made every endeavor to discredit my professional standing.

He was at this time proprietor and superintendent of his private sanatorium, and a little later became chairman of the Board of Trustees of the Boston State Hospital. He was also an important member and one of the organizers of the Boston Society of Psychiatry and Neurology. With a very few exceptions he was able to secure co-operation in his activities against me only from men connected with public and private hospitals for the mentally ill and from members of the Society of Psychiatry and Neurology. But the group of men whom he did get together spread poison in a most insidious way among people who did not know me. That they actually organized to prevent my appointment to the State Board of Insanity, and met day after day, they later confessed; and some of them went so far as to acknowledge that they circulated stories concerning me which at the time they did not themselves believe.

In spite of their activities in opposition to the reforms which I desired to bring about, I was successful in putting through a bill to regulate the use of restraint in their institutions, and another which instituted in the State hospitals a compulsory system of occupational therapy in place of seclusion and restraint. I succeeded in having all the private institutions put so completely under a reorganized State Board of Insanity (later the

Commission and now the Department of Mental Diseases) that they were obliged to renew the licenses for their hospitals yearly, which licenses could be refused or even revoked if they did not obey the rules and regulations set forth by the Board. In the reorganization of the Board, I was responsible for having it made a mandatory instead of an advisory body (as it had been previously), — a body which had full control of both the public and private institutions for the mentally ill. One of the more important reforms brought about was that every case of death by accident or injury had to be autopsied by the pathologist of the State Board before the body could be removed from the hospital.

An account of the activities of the medical coterie organized and directed by Dr. Walter Channing and by his cousin and chief lieutenant, Dr. Henry R. Stedman (who had a private sanatorium and was also chairman of the Board of Trustees of the Taunton State Hospital, and whose wife was Trustee of the Monson State Hospital), I shall give in a later volume. The outline that I have given here is for the purpose of throwing some light upon the opposition that developed to my efforts to bring about improved conditions in the treatment of the mentally ill, and especially to the passage of my bills to regulate restraint and to compel the use of occupational therapy in all Massachusetts State hospitals.

CHAPTER II

REASONS FOR THE NECESSITY OF A LAW REGULATING AND CONTROLLING
THE USE OF RESTRAINT IN HOSPITALS FOR THE MENTALLY ILL. —
CONDITIONS AT BRIDGEWATER STATE HOSPITAL STILL A DISGRACE
TO THE STATE OF MASSACHUSETTS. — THE CASE OF DISREST,
WHO IS CARED FOR LIKE A WILD ANIMAL INSTEAD OF A
HUMAN BEING AND ILL MAN. — CONDITIONS AT
WESTBOROUGH STATE HOSPITAL. — DR. STED-
MAN'S SANATORIUM. — DR. LANE'S HOSPITAL

For many years I had been trying to get the State Board of Insanity interested in the restraint question. For years there had been complaints of abuses in the use of restraining apparatus in the different hospitals; that it was given out in the wards to unreliable attendants, — men who had been hired without any recommendations, and women about whom nothing was known, except that they were willing to nurse the mentally ill. This restraining apparatus was used by the attendants to keep restless patients quiet, to subdue the violent patients, as a punishment in many cases; and few records were made of its use in any of the hospitals. Examples of the abuse of restraint could be found in many hospitals. I had seen at times, in going through them especially at night, restraining apparatus improperly applied on the bodies of the patients, and I had heard complaints of its abuse from many of the inmates as well as from conscientious attendants.

My object in having a bill passed was not so much the prohibition of restraint as its regulation; that its use should be prescribed by the superintendent, or, in his absence, by his assistant; that a record should be

kept of all patients in restraint or seclusion; and that the doctors at the hospitals should be responsible for its use and careful adjustment. I wrote letters of inquiry to several manufacturers of restraining apparatus who advertised largely in medical journals. The most prosperous one I found to be the Gaiter Restraint Company of Livermore, Cal. I learned from these restraint companies that besides the State hospitals, restraint was widely used by the police and in the general hospitals. For instance, the Gaiter Restraint Company wrote to me that they supplied and sold restraining apparatus to the House of Correction in Cambridge; the City Hospitals of Holyoke, Worcester and Fall River; the City Marshal, Springfield; the Chiefs of Police of Wakefield, Saugus and Gardner; the Alms-house in Lawrence; and the Cambridge Hospital in Cambridge. The Humane Restraint Company, Madison, Wis., stated that they had sold restraining apparatus to most of our Massachusetts State hospitals and private hospitals for the mentally ill.

New York had a law which required the recording and reporting to the State Commission in Lunacy of all restraint used at the State hospitals, with exact details of the number of hours and the forms. They had blanks for the physician, or assistant physician, to fill out in ordering restraint or seclusion, and no restraint or seclusion was permissible except by one of these orders. The nurse entered on the blank the time at which the restraint or seclusion was begun, and when discontinued, and then signed and turned in the slip. On the back of the restraint and seclusion order blank were the regulations of the State Commission in regard to its use, which provided that no patient in restraint

should be left unattended; that restraining apparatus should be frequently removed to permit change in position, exercise of the limbs, and attention to cleanliness and the excretions; and that every patient in seclusion should be visited every hour.

In March, 1910, I wrote a paper for the "Boston Medical and Surgical Journal," entitled "Restraint Instead of Treatment: A Relic of Mediæval Times in Our Present Hospitals for the Insane." I pointed out that in our Danvers State Hospital, of which Dr. Charles W. Page was superintendent, and in our Northampton State Hospital, of which Dr. John A. Houston was superintendent, restraint had been entirely abolished, the latter hospital not using hypnotics or other medical restraints, not even bromides; and that what was possible in two of our State hospitals was surely possible in more of them. I quote from this paper the following:

More physicians should be assigned to the staffs of our insane institutions; women nurses should, to a great extent, replace male attendants. If the barbarous custom of restraint has got to be continued, all appliances should be kept in the office and under the lock and key of the superintendent, who should see every case and decide whether restraint is necessary, and make a record of the kind and amount and different forms of restraint used. This should apply not only to our State institutions for the insane, but to our general hospitals and private hospitals. Until this or some better plan is adopted, we cannot help having a repetition of the Boston Insane Hospital affair, and similar abuses in some of our other institutions for the insane during the last few years.

As the so-called nurses and attendants in charge of the patients in the hospitals for the mentally ill were at that time responsible for the use or abuse of the restraining apparatus and seclusion, I shall present a few examples of the type of attendant employed, to show what poor judgment many of the superintendents exercised in selecting people to have restraining appa-

ratus as a tool in their hands, or, indeed, to permit to have any responsibility for patients.

Richard F. Mitchell, aged 39, a patient at the Boston State Hospital, of which Dr. William Noyes was the superintendent, died on March 25, 1909, from what was said to be "paralysis of the brain." An autopsy was performed, and he was found to have several broken ribs and a fractured breastbone. An investigation showed that his attendants had had trouble with him, and they were immediately arrested. They were Murdock C. McGregor, aged 30, and Roderick C. McKenzie, aged 22. District Attorney Arthur Dehon Hill conducted the trial for the State.

Mitchell had been sent to the Boston State Hospital from the Massachusetts General Hospital, where he had voluntarily gone for treatment, but had later become so unmanageable that they considered his transfer to the State Hospital necessary. Dr. Leslie H. Spooner testified that he had made a thorough physical examination of this patient upon his entrance to the Massachusetts General Hospital, and again upon his departure, and that he had found no marks or signs of broken bones. He said Mitchell had made attacks upon the attendants at the hospital with a lead pencil, and had been put into a strait-jacket.

Dr. Noyes, the superintendent of the Boston State Hospital, testified that the first he knew of the patient individually was that on March 23, 1909, eleven days after his admission, having been informed that the man was ill, he and Dr. Maxfield examined him. The patient had complained of an injured thigh. Dr. Maxfield pointed out a soft spot over the breastbone, and broken ribs. Mitchell, Dr. Noyes said, was incoherent,

and could not make a clear statement as to how he had sustained the injuries. The patient died two days later.

Dr. George H. Maxfield testified that broken ribs and injured breast were discovered two days before Mitchell died, on account of bruises having been noticed on his chest. Medical Examiner William G. Macdonald testified that Mitchell's death was due to fractured ribs; that he found seven fractured ribs on the right side, a fractured breastbone, and a fractured rib on the left side; blood poisoning had set in as a result of the injuries.

One of the attendants testified that McKenzie had told him that he and McGregor had given Mitchell a "trimming," and that in consequence the patient could not go out to walk. There was much evidence bringing out the brutality of these attendants, and they were both found guilty of manslaughter. But, as often happens, the courts did not take seriously the killing of a man mentally ill, and McGregor was given only three years in the House of Correction, and McKenzie two years and six months. The editorials in the newspapers expressed surprise at the light sentences imposed by Judge Schofield in the first session of the Superior Criminal Court.

The "Newburyport Daily News" of May 29, 1909, said:

McGregor and McKenzie, the two attendants at Pierce Farm, who were convicted of manslaughter by abusing an inmate of the institution, may well think themselves fortunate to get off with sentences of three and two and a half years, respectively. Notwithstanding that they beat the inmate so badly that they broke a number of his ribs, and his breastbone, people were found to go to court and testify to their "good character." But however good their reputations before this outrageous affair, this should have had no effect upon the jury or the court, and it possibly did not. But at any rate, they were singularly fortunate to get off with no heavier punishment. Last

week there was a meeting at the State House of the State Board of Insanity and superintendents of insane asylums, at which the matter of guarding against the abuse of inmates was discussed. It is said that the rules which forbid the abuse of patients are very strict, but it is painfully apparent that in some institutions they are sadly inoperative. But when a brutal keeper is found guilty of abusing a patient, it is rarely that he gets any other punishment than dismissal from the State service, and it is refreshing to observe that at least two of these brutes have been dealt with in the courts. Nothing meaner or more dastardly can hardly be imagined than this abuse of those so unfortunate as to be bereft of their reason. Too much vigilance cannot be exercised to prevent this crime, nor can punishment be too severe.

The Boston papers, as was usual at the time, refrained from publishing any criticism of the State institutions. As an instance, I insert the two following letters which I wrote and sent to editors of several newspapers, and which were refused publication, even as "letters to the editor:"

To the Editor.

The abuse and subsequent death of the patient Mitchell at the Boston State Hospital at Pierce Farm brings most forcibly to the notice of the public the fact that we are still living in mediæval times, so far as the care of the insane is concerned, in this especial instance; and Massachusetts is still following mediæval custom in allowing her insane to be sent to jail, there to be confined behind bars, and some of them allowed to die alone and unattended.

Mitchell was sent to a State hospital because of disease of the brain, which possibly rendered him dangerous to the community, if not to himself. While there, in charge of the State, he received injuries from nurses, which are said to have later resulted in his death. Long ago the insane were supposed to be possessed by devils. They are now recognized as victims of disease, and it is high time that the public should throw off entirely the still lingering feeling that it is a disgrace to be mentally ill, and should take an urgent interest in the care and cure of their insane.

At present the physicians in our State institutions are too few, — about 1 to 200 patients. The food, which is little better than in our prisons, would hardly be considered a proper diet for patients in our general hospitals suffering from any physical disease. Until recently the sleeping quarters have not been as liberal for these patients as for our prisoners; and now the hospitals are far too crowded, and in some instances complaints are even made of insufficient bedclothing.

There is no emergency hospital, or any hospital that will take in emergency cases of insanity. They are now sent to jail. The Psychopathic Hospital,

which is to be erected in the near future near the Medical School for the advancement and teaching of science, will not remedy this evil. If the State of Massachusetts cannot afford to take proper care of its insane and carry on scientific research in insanity, the science should be left to such centers as are able to carry on such research without neglect of their other duties. I hope this will not be necessary, but it is absurd to ignore the knowledge which we have attained in the search for more. What use is there for scouts, if the army does not follow when the way has been found.

L. VERNON BRIGGS.

To the Editor.

The abuse and subsequent death of the patient Mitchell at the Boston State Hospital at Picree Farm brings most forcibly to the notice of the public the fact that abuses do creep into what we call our best regulated hospitals of today.

As I understand the papers, this patient was taken into the bathroom by two attendants and given a "trimming," as they afterwards said, and (in consequence of the disobedience of a mentally deranged patient) the "trimming" resulted in the breaking of several ribs and the breastbone. Prior to this, discolorations had appeared on the same patient.

Now, if it is a fact that murder can be committed by those to whom we, as physicians, entrust our patients, and to be under whose care we advise sending irresponsible people, what remedy have we to reduce this abuse to a minimum?

In my opinion there are at least two remedies which should be applied at once: First, the State of Massachusetts should appropriate enough money to provide better care and supervision of these cases. No one believes more firmly than I do that we need psychopathic hospitals; but, for the life of me, I cannot conceive why the men who are today responsible for the care and custody of our insane should allow the hospitals to be overcrowded, without sufficient medical attendance to give each case its proper study and care. The cry in many of our hospitals today is for more room. And again, why, though asking for money for the scientific study of selected medical cases, do these men allow poor demented, acute cases and mentally confused persons to be arrested and thrown into prison, often for from two to three days, where they are treated little better than the criminals condemned to solitary confinement, while the people who are to take care of them later refuse to raise one hand to help them? In fact, the bill that I got the mayor of Boston to sign last winter, through the Finance Commission, for the care of these helpless mortals, was actually opposed by members of the State Board of Insanity. I think it is time that some one spoke; that the public should be advised of a subject that they know little of, and of which physicians know scarcely more.

If the State of Massachusetts has any money to expend, I believe she should expend it in the direction of more and better care for our present insane, and for the prevention of insanity.

Today four to six physicians in each State hospital are supposed to give all the medical care, supervision and treatment necessary to from 1,100 to 1,400 patients under their care. Mental derangements are today considered diseases — many curable, others open to improvement, and as such any real hospital would require a large corps of physicians and assistant physicians. Our insane hospitals are, to a great extent, little better than boarding places — one might almost say prisons, because many so-called patients have no more freedom than the prisoner, and many have no more medical treatment. This is not an arraignment of the superintendents and physicians, who are doing noble work, herculean work, a work which shows as good, or better, results as in almost any State in the Union.

It is not a sufficient answer to say that we should take care of the early cases by means of an emergency or acute hospital in the center of Boston, where acute cases may be sent and put to bed and receive proper care, instead of being sent to jail.

The sooner Massachusetts establishes the principle of caring for its insane at the beginning and preventing the disease from going farther, the sooner will the taxpayers feel the benefit of it, to say nothing of the individuals and the families in which these unfortunates belong.

Dr. Mosher of Albany, N. Y., one of the most progressive men in the care of the insane whom we have in this country, adopted a system of women nurses for the male cases of insanity, and this system has been introduced into some other hospitals, as in Pennsylvania. In every hospital where it has been tried it has proved successful. The gentle influence of the woman, the respect which even the diseased mind has for her, are felt; and the brutal force such as has just been illustrated at Pierce Farm is absent. I have failed to learn that this feature has been introduced in any hospital in Massachusetts.

Massachusetts expects the superintendent of one of her State hospitals to be head medical officer, and also the manager and virtually the architect, the steward and the treasurer.

We are frequently hearing from patients in hospitals, and from former patients of the abuse and brutality of their attendants. This is found to be true not only of male attendants in the male wards, but the same complaint is sometimes made of the female attendants in the female wards. One more difficulty in reaching this question is the fact that many of the patients are suffering from delusions and hallucinations which, real to them, are absolutely untrue and without evidence; but this should not prevent every case of complaint being carefully followed out, and every patient being carefully watched and examined from day to day.

No one in recent years has more forcibly put this question before the public and brought to us the proofs of what happened in an insane hospital than Clifford Whittingham Beers, himself a patient, who tells his experiences, which have been vouched for and proved to be true, in an account which he has recently published of his impressions in the book entitled "A Mind That Found Itself."

L. VERNON BRIGGS.

Judge Brackett looked more seriously upon the abuse of these helpless sick people than Judge Schofield who sentenced McKenzie and McGregor, for on August 9, 1911, he sentenced John H. Richards, an attendant at the Boston State Hospital, to a year at the House of Correction because he struck one B. F. Powers, a seventy-year-old feeble-minded patient, and bruised his face. The "Boston Post," in commenting editorially upon this sentence, said:

We wish to express our hearty commendation of Judge Brackett of the municipal court, for handing out a year in the House of Correction to the brute who knocked down and beat a poor old inmate of Pierce Farm. The fellow deserved more for the added cowardice of his act, but still, the year will give him something to reflect upon.

There was one member of the State Board of Insanity, Mr. Wm. F. Whittemore, for whom I always had the greatest respect. He had the courage of his convictions, and spoke out on every occasion where he felt an injustice was being done. One of the first instances that came to my notice was in a report made to the secretary of the Board, Dr. Thompson, on December 27, 1912, when Mr. Whittemore, in reporting a visit to the Medfield State Asylum, said:

The wards on the female side were in excellent condition. On the male side the rooms were stuffy, due to the closed windows and poor ventilation. The water-closets were untidy and the patients sat about on benches, unemployed. We do not think industry has been stimulated to the limit of its potentiality, although there has been some improvement along this line since our first visit.

We found little restraint, but there is one dark spot into which the radiance of Christmastide does not penetrate to cheer it, and that is the closed room of William McManus. For years this patient has been in room detention without bedstead, chair or table; he has no companionship, and he lives alone from day to day and confined within the narrow radius of four walls. All the attendants are mortally afraid of him, the superintendent and doctors share in this fear, and while detained at Medfield, McManus is doomed

to a life of solitary confinement. He has been offered a transfer, but refuses to go to another hospital. We hope that in some way his condition may be ameliorated. The hospital had approximately 1,695 patients.

Compare this case with that of Disrest, who at the time of writing this book, in 1923, is confined in Bridgewater under the Prison Commission. An account of his case is given later in this chapter.

On February 1, 1910, Dr. J. A. Houston, superintendent of the Northampton State Hospital, sent me the following letter:

In reply to your letter of January 31, I would say that we have not used any restraint for ten years, nor do we make any use whatever of hypnotics, not even the bromides, though we do use the latter in the treatment of epilepsy.

Cases of deaths resulting from ill treatment by attendants and nurses in the Massachusetts State hospitals continued to be reported, and most of the nurses and attendants responsible for these deaths were either discharged by the courts or given light sentences. The "Boston Journal" of September 25, 1911, said:

Again attention has been directed to the hospitals for the insane in this Commonwealth by the recent arrest of one Finlay, an attendant at the Worcester institution. Assaults upon the mentally ill by incapable attendants have become too frequent of late.

Another habit of irresponsible attendants and nurses was to leave helpless patients in bathtubs with the water turned on, resulting in their being scalded to death. Simeon Yeaw and Ralph K. Stewart were two instances where death resulted from this practice at the Worcester State Hospital, one following the other. The attendant was arrested in each case, but was freed.

In 1911 an investigation was made of the Bridgewater State Farm, a part of which is used for the criminal insane. Governor Foss' experts found that thousands of dollars had been spent for construction work at the State Farm, for which no vouchers, other than the ordinary bill presented by the foreman, had been filed, according to the "Boston Globe" of April 10, 1911. Expert C. L. Harpham, according to the "Herald" of April 10, 1911, said that \$200,000 had been paid on inadequate vouchers; that the accounting system was loose, and the methods unbusinesslike. In his message to the Legislature, Governor Foss said:

I regret exceedingly that the investigation has disclosed practices with respect to the expenditure of money which would be absolutely intolerable in a private business. These practices should be stopped at once.

The foreman of construction hires masons and carpenters and bills the State Farm a lump sum for their services, without any receipt on file to show that he paid money over to the workmen.

The board of trustees allows the treasurer, who is on a salary of \$2,500 a year, to draw \$175 additional for taking an inventory of the properties on November 30, 1910.

Cows are bought by an agent of the Farm, and no receipts are on file at the Auditor's office to show from whom the stock was bought, or that the former owners of the cows received the same amount of money that the agent of the Farm billed to the State.

There is no purchasing system in operation such as good business practice demands. The institution paid out over \$400,000 last year, and less than \$100,000 of this amount was for pay roll; so that over \$300,000 was spent for materials and other expenses without the aid of economics that an up-to-date purchasing system would furnish. Bids are not solicited for food supplies.

The insane inmates have practically no occupation during the winter months.

This is an institution where Hollis M. Blackstone was superintendent, a man who treated all visitors who came to the institution, whether from the Legislature or not, with the utmost courtesy, and fed them lavishly,

but drew not only a salary for himself, but, it is said, also a salary for his wife as matron.

The "Boston Post" in an editorial of April 11, 1911, said:

The loose and slipshod methods of purchasing supplies and paying for labor, already uncovered in connection with the Bridgewater State Farm, indicate a general laxity in the management of other institutions.

There was no charge of theft or embezzlement made in the above reports.

About this time one Charles B. Navers was killed at the Bridgewater State Farm, and two attendants were held for his death, — Fred B. Sears and John Leather. Navers was found upon autopsy to have had two of his ribs broken, one of which punctured a lung, and pneumonia developed. It was charged that the attendants threw Navers to the ground and held him down with their knees; or, as the expression in the State hospitals goes, they had "kneed" him, — a process which takes the breath out of patients and renders them helpless.

There were many reports of such abuse at Bridgewater, some of which could not be ignored.

During the years 1913, 1914, and 1915 conditions in Bridgewater were much improved, but at the present writing, May, 1923, under the Prison Commission, the therapeutic treatment has materially retrograded, and those in charge seem helpless to remedy the deplorable conditions. Bridgewater State Hospital has been transferred from the Board of Charity (or Department of Social Welfare, as it is now called) and placed under the Prison Commission (now the Department of Correction). The Board of Trustees was abolished by the process, and the present Department

of Mental Diseases again has only supervisory capacity over the mentally ill of this institution, with no power as to the appointment or discharge of the medical officers or control over their conduct of the institution. The result is that occupation among the mental cases is almost nil. In my last visit to this institution, in company with an officer of the United States Public Health Service, we found the patients lying around the yards, many of them on the ground, doing nothing. In a smaller and still stronger yard, called the "bull-pen," there was much quarreling, but no work or occupation. A few in the larger yard were passing a ball, and so anxious were many of the men for any occupation that a number were lying on their stomachs or sitting down on the ground, drawing pictures on the flagstones of the walk, or checkerboards, some of which were really works of art. Other patients had saved the bones from their soups or stews and carved them into penholders, papercutters, and other useful articles, using pieces of tin from the condensed milk cans sent them by friends, or any other sharp things they could get, as they were not allowed knives or tools. When they have the means, they buy little colored stones to set into their bone-work, and also horsehair, from which they make chains, fobs, etc. These are only a few of the devices employed by the patients in their unconscious efforts to improve their own condition and make their surroundings more bearable. We also found three patients in seclusion, which amounted virtually to solitary confinement, especially in one case. This man, named Disrest, a native of Pennsylvania, has been confined for three years in a cell which has gradually been strengthened

and bolted until now, and for some time, it has become really a cage of bare walls, with a heavy wire mesh front of such a close weave that I could not insert my finger between the meshes, and a bare floor, without bedding excepting two pieces of ticking with less than half an inch of wadding between them, — scarcely big enough to lie upon and not large enough to turn over on without rolling off, — and one cheap blanket. Nothing else is in this cell for this man to sit on or to lie on, and no papers or pictures are given him to look at; his food is passed through a small aperture into a strong wire-mesh box, the top of which can be opened inside after the outside aperture has been closed, and when he asks for it an earthen vessel to attend to the calls of nature is also put in through the same aperture. The cell was so dark that when I talked with him on a cloudy day I could scarcely see his features. This is where this man lives day and night, month in and month out, with nothing to read, nothing to look at, nothing to occupy him, surrounded by the four walls of his cell, with an armed guard eternally sitting at his iron door. The superintendent informed me that it cost the State \$100 a month for this special guard, and he could not see that this might be saved by employing trained attendants or occupational therapists for a much shorter time than he has employed these guards. In my conversation with this patient he told me that he had made eight attempts to stab guards, because they had "beat him up" at times, and he felt they would again. Disrest told me that the attendants had teased and plagued him at different times so that he got excited and felt like tearing them to pieces. He said:

If you or any member of the district attorney's office would take me out into the yard, I would show you, that under protection, when I knew I was safe, I would not hurt anybody, but with the way I am treated and threatened by these guards, I know they would kill me if they could and I have got to protect myself. It is a question of who is going to get the other fellow first.

Corroboration of his statement that he was teased by his attendants was given me by a visitor to the hospital who witnessed and described to me the brutal way in which this helpless patient was baited by his attendants.

He had many delusions, especially of poisoning, which are bound to continue and be increased when he is subjected to such horrible treatment as he is now receiving, with no pretense of therapeutic motive. I was told that Disrest never attacked patients when he had the freedom of the yard, but only attendants. He is clean in his cell and about his person; and so anxious is he for a bath, which is only allowed him once a week, that he then goes to the bathroom with two attendants, takes his own bath, which the attendant told me he enjoyed, and returns to his cell without any trouble. The superintendent told me he was not allowed any bedclothing because he would pick out the threads and saw through the bars with the threads of his blanket, although constantly watched by an armed guard.

I give this example to show how, in the weak parts of our system, an institution will revert to the most mediæval conditions, unless eternal vigilance is exercised.

Westborough State Hospital was a center of much abuse and mistreatment of patients when I began investigating the institutions.

Representative Martin L. Quinn of the Massachusetts House of Representatives was much interested in

several cases within his district, among others the case of the death of George Lawson of Lynn, which occurred on March 17, 1911, and which was the subject of investigation by the Governor.

Lawson was a "voluntary patient" at the Westborough State Hospital, where he was taken by the advice of his family physician on February 19, 1911. His board was paid up to April 1, according to the statement made by his brother before the legislative committee. As reported in the "Boston American" of March 28, 1911, the brother, after giving the history of Lawson's illness, continued his account as follows:

The next I heard of him, his wife had called up the hospital and found him in bad condition. Later a letter came to his wife, stating that no one had better call for four weeks. Then came another letter asking some one to come up at once and have him committed. His wife and I went up the following Tuesday. We went to Judge Slattery. In that office my suspicions were first aroused. His conduct was ungentlemanly, and from his appearance I thought we were up against a ring of some kind. The charge for committing was \$14, \$5 for each of the doctors, and the judge told us with a smile that his fee was \$4. Apparently there had not been any suckers there for quite a while.

Then we went out to the hospital. We had to wait thirty minutes or so, and then started through the corridor to my brother. There were eight or ten inmates in the corridor, and an attendant was making one of them push a swab or sweeper around. At the further end of the hall another attendant had a patient on his back on a small settee. He was holding him down and punching him right and left as fast as he could drive. The attendant got up as we passed and said: "Now sweep, damn you, sweep!" The patient was a little man. He got off the couch and hollered: "My God, what's a man going to do!" Then we went to my brother's room.

He was in bed. He had evidently been cautioned as to his conduct during our visit. One eye was black. His wife asked how he got it. He said to me, "Horace, hold your hat over the hole in the door, and I'll tell you about it. Get close to the door and hold it tight, and don't let any one in. If they knew I had done this they would kill me." There was a hole four by eight in the door. I held my hat over it. Then George pushed the bedclothes down and showed us black marks on his shoulders, sides and legs.

Hubert Nott also testified that he had visited Lawson two days before he died, and that the man's body was covered with bruises.

Lawson died on March 17. His family reported his case to Representative Quinn, and it was much discussed in the newspapers of the day; but it did not transpire until later that an autopsy was performed by Medical Examiner Leary in which it was shown that the patient had two broken ribs in process of repair, and multiple contusions and abrasions. Dr. Albert Evans, who was one of the witnesses at this autopsy, made a further examination at his own expense.

Another Westborough patient, Michael F. McNerny, when receiving a visit from his brother-in-law, John F. Nelson of Dorchester, showed bruises which he said were caused by the attendants' abuse. The attendants were so bold at that time that, while the brother-in-law was talking to Mr. McNerny, one of the attendants rushed up to him and told him, with several oaths, that he would "fix" him later, if he was complaining of treatment. The brother-in-law justly knocked down the attendant, but the superintendent upheld the attendant and ordered the ejectment of Mr. Nelson. That night the patient died. Undertaker Mullen of Cambridge on his own initiative sent for the family to show them the bruises which he had found on the body and of which he supposed them to be ignorant, and also called their attention to the fact that one ear was split. They found the patient's back covered with bruises.

An investigation was ordered and much was brought out showing that attendants employed at Westborough were about as poor a lot of humanity as could well be imagined. One of the former attendants, Herbert L.

Lakeman, described in detail cruelties which he said he saw practiced. The "Boston American" of March 24, 1911, says:

Some of his charges are amazing. . . . At Westborough an aged man refused to work. The attendants kept his windows open, trying to freeze him into submission. The patient died of pneumonia. One man refused to work and was thrown into a tub of ice-cold water. Attendants used wet towels and stockings filled with sand as clubs to beat the patients. One man who sang continually was locked in a small dark room night and day, and was insulted by attendants. Three attendants beat one patient into insensibility, and he was carried to the dying ward. He never returned.

This man, Lakeman, had been employed in several institutions. His disclosures will be treated more fully in another place in this volume. He claimed that while he had seen brutal abuses in various hospitals, Worcester was the worst, Westborough next and Gardner third. The trouble seemed to be that some of the superintendents paid very little attention to the attendants' treatment of the patients; the attendants could place their patients naked in rooms with windows open in the middle of winter; the patients could die of pneumonia without investigation; they could be tubbed or "kneed" or otherwise maltreated while officers were comfortably sleeping in their beds and their assistants likewise neglecting their duties. The superintendent of the Westborough State Hospital was then Dr. George S. Adams. He seemed at a loss to account for conditions which visitors found when they went through the hospital. Superintendent Adams usually appeared to believe what the attendants told him, in spite of evidence on the bodies of the patients and reports of patients who were sane enough to be responsible in their statements. Public opinion ran high against these cruelties. Editorials for the most part were guarded,

but did not uphold the abuses. Ministers preached sermons on the subject. The Rev. Cortland Myers, in his sermon at Tremont Temple, on March 28, 1911, said:

If there were only one jail in the world, that jail ought to be filled with the men who are brutal to fellow men who have lost their wits. The insane asylums of this State give proof of the sympathy instilled into the human race by Christianity, and heaven forbid that this saddest state of human suffering — lunacy — should ever again be blackened by inhuman brutality and even murder, as it has been blackened in this very Commonwealth.

The "Boston Post," in reporting Dr. Myers' sermon, said that at this point the entire congregation applauded. His sermon followed a series of investigations of brutality, which included the death of Miss Jennie Foley, who died on March 16, and on whose body bruises were found; relatives received letters from two different officials of the hospital, each giving a different version of her death. Clothing and food sent to patients often disappeared and never reached them. Another former attendant, L. P. Earl, testified that he had witnessed much abuse of patients by attendants at Westborough. Lewis Swart, a young English traveling salesman, being out of a job, went to an employment office, where, he testified, he was told they wanted likely, strong men at Westborough, and the job paid \$5.80 a week. If he remained a month, his first week's pay was to go to the employment agency. Being desperate, he accepted the offer and went to Westborough. He testified that while there he saw men and women who were not half as insane as one often sees in the streets beaten in the most brutal way; that at the end of ten days he could not stand the cruelties, and gave up the job. He said the salutation of many of

the attendants when they passed patients was a kick or a blow, and that they would take patients and stand them up in the corner, and play water upon them. He saw a man called Lalley grabbed by the throat with what the attendants called a "half-Nelson" and strangled to the floor. As he shrieked, the attendants yelled: "I'll beat the h—— out of you!"

The Marlborough police even complained of the attendants coming to Marlborough and getting drunk, and the records of the station showed that many of the attendants who were arrested for drunkenness and even sentenced were afterwards kept on the pay rolls of the Westborough Asylum.

The "Worcester Telegram" of May 6, 1911, printed a dispatch from Marlborough, describing a riot which had taken place in the street the previous night at a late hour, in which over 150 people participated, and said the riot was started by the disorderly conduct of three attendants from the Westborough State Hospital. They were finally arrested and charged with drunkenness, disturbing the peace and assaulting an officer. The "Marlboro (Mass.) Daily Enterprise" of May 8, 1911, gives an account of the trial as follows:

NOT SUITABLE FOR POSITIONS

CITY MARSHAL SAYS THIS REGARDING SOME ATTENDANTS AT WESTBOROUGH HOSPITAL

"I have more complaints about the actions of the attendants at the Westborough Insane Hospital who come to this city, and I have watched them closer than any one else," was the statement made by City Marshal John F. Mitchell at the session of the police court Saturday forenoon, when Daniel P. Hurley, Walter I. Browne and William B. Daley, attendants at that institution, appeared before Judge J. W. McDonald, charged with drunkenness, assault on an officer and disturbing the peace.

City Marshal Mitchell further said: "I do not think that such men are suitable to have charge of the State's wards." Hurley and Browne were fined

\$10 and \$5 each on charges of assault on an officer and drunkenness. Daley was fined \$5 for drunkenness. The charge of disturbing the peace was placed on file.

Special Officer T. Henry Burke testified that he was standing in front of the Princess Theatre Friday night, when he heard a disturbance near the lunch cart at the corner of Main and Florence Streets. He went over there. Hurley was acting in a belligerent manner. "I asked him to stop," said Officer Burke, "and he said he could lick any man in Marlborough, using very bad language at the same time. He made a punch at me," said the witness. "We had a scuffle and I put him down. Browne jumped on me. Sergeant Crotty came along and he took Hurley to the station."

Sergt. P. F. Crotty said: "I was coming down street, and when near Lamson's store saw a large crowd near the lunch cart. I ran down there and Officer Brigham and I took Hurley to the station. He tried to injure me every way possible and used very vile language." Browne was brought to the station by Special Officer Burke. In answer to Judge McDonald, Sergeant Crotty said that Hurley struck him two or three times after he knew he was an officer. Officer Brigham gave corroborating evidence.

Hurley spoke for himself. He said that he went to Marlborough Friday night and had a number of drinks. That is all that he knew about the case. "You are an attendant at the State hospital, are you?" inquired Judge McDonald.

"Yes, sir," was the answer.

"What are your duties?"

"Taking care of the wards and accompanying men out to walk."

"How long have you worked at the hospital?"

"Two weeks Thursday."

"What did you do before you went to the hospital?"

"I worked on an electric railway."

"How did you obtain this position?"

"Through Ayer's employment agency, 88 Boylston Street, Boston."

Daley said that he endeavored to pull the fellows away from the trouble. He further told the court that he was not drunk. City Marshal Mitchell reminded him that he had signed the blank used in such cases this morning, saying that he was drunk. Daley answered that he thought he was signing a paper saying that he was not drunk. Daley told the court that he was twenty-three years old.

"How did you get a position at the hospital?" inquired His Honor.

"I applied personally for the position," was the response.

"How long have you been there?" asked Judge McDonald.

"Two weeks last night."

"Where did you come from?"

"Bennington, Vt."

"What did you do before you went to Westborough?"

"Worked in a mill."

"Did you have any recommendations?"

"Yes, from the people of my home town."

Browne testified that he went into the lunch cart Friday night, heard the fight and came out, saw the fight and jumped on Officer Burke.

"How long have you been at the hospital?" again inquired Judge McDonald.

"Two weeks," answered Browne.

"Where did you work previously?"

"At a private institution for feeble-minded at Waverley, where I worked nine months."

"And the officers of that institution recommended you?"

"Yes, sir."

City Marshal Mitchell then spoke of the trouble caused in this city by the attendants at the Westborough Hospital, and the attention he gave the complaints. Judge McDonald then imposed the fines. Daley immediately paid, but the other defendants were given until Monday morning to square up with the Commonwealth. Judge McDonald in the meantime had made the statement that he would notify the hospital authorities of the facts in the case.

On August 8, 1911, Richard Brennan, an attendant at Westborough State Hospital, was arrested and fined for disturbing the peace, for drunkenness and for assault upon an officer.

The Marlborough police stated that on October 22, 1911, they went to the Westborough State Hospital and arrested a "gang of attendants" who assaulted Officer Sullivan, and that about this time Dr. Adams made a raid on one of the rooms of the attendants and found five gallons of liquor.

On November 2, 1911, Harry J. Hutchins was fined \$15 in the Worcester District Court for the theft of a suit from a fellow attendant; and although he had \$20 in his pocket he told Judge Utley he preferred to serve out the fine in jail, and he was given thirty days.

David A. Matthews, chief of police of Worcester, said he had much trouble with Westborough attendants; and about this time Frank Eagan, aged twenty-seven, an attendant at Westborough, giving

Dixmont, Me., as his home, Elden Jones, aged twenty-four, also an attendant at Westborough, giving Jefferson, Me., as his home, and Thomas McKenna of Westborough, "an old offender," were arrested in Worcester for drunkenness by Patrolmen Tierney and Lombard. Eagan and Jones were each sentenced to two months in the House of Correction, and McKenna was sent to the State Farm at Bridgewater.

About this time William E. English, assistant secretary of the Massachusetts Hospital Reform Society, filed with the Governor of Massachusetts formal charges, and also submitted them to the Massachusetts State Board of Insanity. These charges covered the abuse of many patients at the Westborough State Hospital, where English had previously been a patient himself. There were thirty-five different charges, mainly in the so-called Upper Codman wards: choking of patients until their tongues protruded; punishments by wet packs given for slight infractions of rules; liquor brought in by attendants, and attendants drunk when on and off duty; attendants provoking inoffensive patients to fight solely for the excitement or the sport of seeing the fight between them; patients being put under cold-water shower until they collapsed; pleas of patients suffering great pain being refused by attendants when they asked for hot-water bottles; calling of vile names by attendants; the refusal of physicians to listen to the patients' complaints, whether just or unjust, because they were told that they were not competent to make charges. When they complained that the food was unfit to eat, because of its quality or the way in which it was cooked

or served, the only answer they got from the physicians was: "Not ideal, but the best we have." Neglect of the toilets and shaving with dull razors, causing cuts and bleeding, were also charges brought by Mr. English, which were in the main substantiated upon investigation. Vermin were also complained of by patients, and an investigation by Dr. Wentworth, the deputy executive officer of the State Board of Insanity, revealed the fact that Dr. Spalding had a contract with an insect destroying company to remove and prevent water bugs in the culinary department; but this apparently did not extend to the hospital, although Murray's Insecticide was used to spray the beds with. Dr. Wentworth, some time later, found dead bugs and other evidence that vermin had been present, but at the time of his visit discovered no bugs which were alive.

During one of my visits I found attendants so drunk on the grounds of the Westborough State Hospital that they could not stand, and one was half undressed and told me he was going to bed.

I found more restraint in the private hospitals in proportion to the number of patients than in public hospitals, and there were complaints of abuse in the private hospitals, especially by way of seclusion and packs. To give one illustration out of many which I might give of the sort of attendants often left in full charge of patients, of restraining apparatus, and sometimes even of drugs in ward lockers, I will relate an occurrence at the McLean Asylum in August, 1912. The "Boston Post" gave a long account of a nurses' party which was held on the grounds. According to this account, the officials of the hospital were alarmed

at a disturbance caused by a party of some sixteen men and women attendants. Watchmen Desmond and Adams were called to quell the racket, but were assaulted by the attendants, who continued the fun until the officials telephoned for the police. When Officer Parks of the Belmont police arrived, he received the same treatment as the two watchmen, and was driven off the grounds. It was far into the night when the party broke up, and resulted in the discharge, according to the newspapers, of eight male nurses.

The McLean Asylum had more restraint in proportion to the number of patients than any other hospital, and many suicides occurred, which pointed to a lack of proper supervision. Complaints were received of violence from time to time from this and other private institutions.

Dr. Stedman's hospital, "Bournewood," seemed to need the attention of the State Board even after my bill for regulating restraint had passed and had become a law. Records show that in 1911 one patient was in restraint part of each day from the 23d of October until December 4, and about every other day from December 4 to February 10, 1912. The kinds of restraint used were camisoles; "restrained to bed sheet;" "restrained to chair by sheet;" "fastened in chair by sheet;" "tied to chair with one sheet;" "tied in chair by one sheet." The records of seclusion also showed almost daily solitary confinement. Another patient received a great many hot packs. The restraint book kept by Dr. Stedman at first was of little value. It failed to record who reported the necessity for restraint; who investigated, or who was present when restraint was applied;

the nurse in charge or who applied the restraint; or whether it was morning or afternoon when it was applied. It was usually ordered by Dr. Stedman personally. I recommended that the State Board compel Dr. Stedman to produce his restraint book and let the Board as a whole see it, and then order him to keep it more carefully in the future. Attendants who had been at Dr. Stedman's told some remarkable stories in regard to the behavior of the officers in charge and of the abusive treatment of certain of the patients. Richard Kelley, a private detective in Fall River, stated in an interview on March 17, 1912, that he was formerly a nurse or attendant at Dr. Stedman's "Bournewood." He told some interesting stories concerning the conduct of the superintendent; and also said that while an inmate of the hospital was out on a drive one day with a nurse, the nurse married the patient before they returned to the hospital. He gave several instances of outrageous behavior on the part of the attendants which I will not quote here. He gave as reference for his reputation and truthfulness Edward Higginson, an attorney of Fall River, a relative of Major Higginson of Lee, Higginson & Co.

Dr. H. W. Wood, later of 44 Court Street, New Bedford, was Dr. Stedman's assistant for a time. He corroborated much that Mr. Kelley had said, and added other unpleasant details. Since conditions have been regulated by law and Dr. Tornay has been placed in charge there has been a change for the better.

The then Ring Sanatorium at Arlington also came in for its share of publicity, and many were the complaints of abuse at this institution. Dr. Cornelius P. Harkins of Newton, Mass., wrote me that while acting

in the capacity of resident physician at Dr. Ring's from August 12, 1910, to February 13, 1911, he witnessed numerous instances of incompetence of employees, amounting to cruelty and abuse.

On becoming a member of the State Board of Insanity, I found that the Board had not been very careful in its visits or investigations, and that they had their favorites among the private hospitals. Some of the private sanatoriums they visited often, but their favorites, who needed visiting quite as much, were left a year or more at a time entirely unvisited; for example, I give the record of Dr. H. R. Stedman's hospital.

STATE BOARD VISITS AS SHOWN BY BOOK KEPT FOR THAT PURPOSE, IN WHICH
EACH VISITOR FROM THE STATE BOARD WRITES HIS OR HER SIGNATURE
AND THE DATE OF THE VISIT

1899

August 9, Etta Heal; September 19, Sarah Chapman; November 2, Sarah Chapman.

1900

February 20, Sarah L. Powers; April 5, Kate G. Stetson; June 12, Josephine P. Fuller; September 19, Sarah L. Powers.

1901

February 3, George F. Jelly; September 25, Sarah Chapman.

1902

February 13, Rebeka J. Green; June 28, Sarah Chapman.

1903

May 21, Owen Copp.

1904

March 4, John B. Ayer; December 11, George F. Jelly.

1905

December 14, Owen Copp.

1906

No record of visit by anybody from the State Board.

1907

December 27, Owen Copp.

1908

No record of visit by anybody from State Board.

1909

November 17, Daniel H. Fuller.

1910

February 23, Daniel H. Fuller; October 10, Daniel H. Fuller.

1911

September 20, Daniel H. Fuller; November 1, Daniel H. Fuller.

1912

April 12, Daniel H. Fuller; October 15, Charles H. Thompson; November 24, Daniel H. Fuller.

1913

April 2, Daniel H. Fuller; July 24, L. Vernon Briggs.

Note the increase and regularity of visits after my activities began in 1910.

Dr. Edward B. Lane was one of the favorites. He had a hospital near Wellesley. This hospital, when I entered the Board, had not been visited by the Board or any member of the Board for five years. There was no medical record book, no restraint book, no papers which could be shown me when I asked for them.

One patient was placed under his care at the hospital, or at least under a certain amount of restraint, some time prior to the licensing of the hospital, on November 6, 1907. What became of the license for that particular hospital, which was then and later owned by Dr. Walter

Channing, did not appear in any records; but on October 30, 1907, the proceedings of the Board set forth that —

Dr. Lane desires a license to care for the insane in the town of Wellesley. Temporarily he proposes to keep a house on the estate of Dr. Walter Channing, located about ten minutes' ride from the Wellesley railroad station, on Great Plain Road, on the Needham Street car line. The house is entirely suitable for the care of patients, etc.

The fact that the hospital was petitioned for as a licensed hospital for mental cases when only one patient was seriously considered was certainly not to be passed by lightly. That the Board should allow a physician to obtain a license for a private house in order to care for a patient who could as well have been cared for in any institution, and that they required no medical records or papers to be kept with the patient, and later, no restraint book, would certainly be cause to abolish the Board, if there were no other. This favoritism and loose manner of doing things was inexcusable.

On October 6, 1908, Dr. Lane made application and notified the Board of a change of residence; but it was apparently not until two months had passed — on December 4, 1908 — that Dr. Wentworth, as agent of the Board, visited the Brooks House, located one-half mile from the house kept by Dr. Lane, 113 Wellesley Avenue, and reported that it was rented by the wife of the one patient, who keeps the house for him, and that there was one attendant.

On December 10, 1908, the State Board approved the Brooks House "*for the care of mental patients*," addressing this approval to Dr. E. B. Lane. A visit to the first house elicited the fact that Dr. Channing,

the owner, had leased it to a man named Gray, who subleased it to a farmer. A visit to the second house, where the license was still in force and where the patient was living, elicited the fact that one Wendell W. Bemis and his wife resided there. Mr. Bemis was in charge of the farm and outside work, while one Norman Beneke, a nurse, was in direct charge of the patient. Mr. Bemis said that he formerly had charge of the patient at Dr. Lane's "private hospital," which was owned, together with the surrounding land of about 100 acres, by Dr. Walter Channing. He said that the patient was at this house for over a year, when it was decided that it was better for him to have a home of his own, and he removed to his present residence, which was at first leased, but had since been bought by the patient's brother as guardian.

I visited this house on July 23, 1913, after my appointment to the Board of Insanity, and Mr. Bemis said he doubted his right to show me over the house, saying that it was Mr. ——'s private home, and under no State supervision or control that he was aware of. He said that when they first entered it, five years ago, somebody from the State Board of Insanity visited them, but no member of the Board or any agent of the Board had been there since, to his knowledge, and he felt sure that he would have known had they called. He said that the patient did not know the house had been bought, and was always desirous of getting away from it. So this was the situation: the State Board of Insanity licensing a man's private house so that he could be held there against his will, in restraint, if necessary; and all the rules and regulations

of other hospitals ignored because of the favoritism of the Board for these two physicians, Dr. Channing and Dr. Lane. While I was on the Board the patient was removed from this house, and no more patients were allowed there.

CHAPTER III

WRITINGS SETTING FORTH CONDITIONS AS THEY EXISTED IN 1910. — CORRESPONDENCE WITH DR. COPP. — SENATOR TREADWAY. — GOVERNOR EUGENE N. FOSS. — EFFORTS TO GET THE STATE BOARD OF INSANITY TO ACT

As a member of the American Association of Clinical Research, I was asked to read a paper at a meeting which was held in Boston in September, 1910. This paper, entitled "Recent Researches in Mental Medicine Especially in the Etiology and Treatment of Dementia Precox and General Paralysis," was the cause of much sensational comment in the press. It dealt entirely with scientific matters, being a summary of some of the most interesting work of a number of distinguished psychiatrists; but in the introduction I made some general remarks which were largely quoted, not always correctly. I said:

There is probably no class of diseases where so little progress has been made in either etiology or treatment as that class which is now placed under the head of mental diseases. The chief reason for this is the lack of opportunity for study, there being today only a few schools where mental diseases are taught and properly demonstrated. Until within a few years no school made mental diseases an obligatory course. Another reason is that which has prevailed since the Middle Ages, — the horror of insanity, causing physicians and families to get rid of their insane by placing them as quickly as possible in asylums and sanatoriums. Within the last twenty years there has been a movement toward deeper study and investigation and improved treatment of mental diseases. Pathologists have become more active in their work to ascertain the causes of mental alienation. Many have made progress and many have undoubtedly gone too far in their theories and their statements. There is also a class of pathologists who, while they may be doing some original work, expend much of their effort in endeavoring to break down the work and theories of other men, and to prove that other pathologists and many physicians are therapeutically wrong in their statements. Most of the State

institutions for the insane are only dumping places for the mentally ill. These institutions, for the most part, have an insufficient corps of workers. They are unable to do any original or effective medical work, and they have no equipment for scientific work. The attendants, for the most part, especially the male attendants, are untrained and often brutal in their treatment. In many large public and private institutions those in charge receive early cases of mental disturbance, and watch the toxemias verge into mania, catatonia and dementia; they notice the acetone breath and are aware of the true condition, but little, if anything, is done to stay the progress of the disease and to save these individuals. The millions now paid to caretakers in private sanatoria and asylums are for the most part wasted, for instead of going for scientific equipment and investigation, and the treatment of patients, the dollars go into the pockets of the commercial medical men. There is no branch of medicine where the patients get less for their money. There are men in private practice, as well as a few institutions, in this country, who are accomplishing cures by active treatment.

The "Boston Post" of September 30, 1910, says:

A violent attack upon the insane asylums of the country, and particularly upon the ignorance and the brutality of the attendants in such institutions, was made yesterday by L. Vernon Briggs, M.D., of Boston, during the second day's session of the American Association of Clinical Research.

The "Post" quoted freely from these opening sentences of my address under the heading "Briggs Attacks Asylums," and the "Boston Traveler" and the "Boston American" also came out with sensational articles. The "Boston Journal" of September 30, 1910, had the following report:

The most interesting address of the morning session was that of Dr. L. Vernon Briggs of Boston, who spoke on "Recent Researches in Mental Medicine." He declared, "Millions are wasted upon the insane institutions of today, — institutions that are dumping places for the mentally ill;" and that "Attendants are often untrained and brutal in their treatment of the unfortunates under them."

He strongly advocates the employment of trained men for this work. His fling at the insane hospitals of the country created profound interest and was followed by a lively discussion.

The "Boston Advertiser" published the following editorial on September 30, 1910, under the head of "Mental Disorders:"

What should be profitable emphasis is placed on the problem of dealing with and treating cases of mental disease or disorder by Dr. L. Vernon Briggs in his remarks before the American Association of Clinical Research in this city. That present methods, taken as a whole, make very slight progress toward solving fundamental problems in the case, or in gaining new information which would be useful and helpful toward solution, is apparent, though it must be said that advance in certain directions has been made. Most of this advance, however, is in the way of humane treatment rather than in adding, through public management of the insane, to the total of medical knowledge. Probably Dr. Briggs would not have the existing "asylums" or hospitals torn down and the patients scattered at once; but that there is room for improvement is admitted. The service which Dr. Briggs does is to apply the spur to movement in the right direction. The world has learned much since it chained "manics" in dungeons, but it has much yet to learn.

This paper in reporting the meeting said:

Dr. Briggs spoke on "Curing Ourselves by Ourselves," and stated the reasons for the startling lack of advance in the cure of mental diseases.

The Doctor thought that in a few years there would be a serum which, if used early in the cases of paralysis, will abort the disease.

A "Boston Globe" of October 1, 1910, wrote editorially:

TREATMENT OF THE INSANE

That patients are not treated humanely by some asylum attendants is true, as Dr. Briggs alleges. Nor is it surprising. Human relations are still imperfectly understood, even after all our experiences on this planet. We are not yet so far removed from the cave epoch and the eras of the stone bludgeon as we think. We are crude learners. We have removed the chain from one limb, but neglect the chain on the other. Advancing all the time we may be, but there are a great many side pulls on our progress which retard our onward march toward a real civilization. We are not all as humane as we should be, either to persons inside or outside asylums. But a long step toward real improvement will be made as soon as asylum attendants receive better pay and better training.

In November, 1910, I wrote, at the request of the editor of the "Boston Common" (a paper then quite popular among the public-spirited citizens of Boston), an article entitled "Our Neglected Insane," which was published in the issue of November 12, 1910.

OUR NEGLECTED INSANE

INSUFFICIENT ACCOMMODATION AND INADEQUATE TREATMENT POINTED OUT. — WHAT MASSACHUSETTS SHOULD DO AT ONCE TO CORRECT THESE SHORTCOMINGS

By L. VERNON BRIGGS, M.D., Physician to the Mental Department of the
Boston Dispensary

If there is any one class of our citizens who need the sympathy, support and continued interest of the public more than any other, that class is the so-called insane. It is because of their helplessness and the fact that they are legally dead that their voices have not been heard. Their complaints and pleadings, often most true and just, are passed over or a deaf ear turned to them because these sick people are "insane" and may have delusions or hallucinations. What is true in Massachusetts is true in most, if not all, of the States in the Union to a greater or less degree. The State Boards of Insanity, or those in charge of the insane, are usually a small body of men with one head, who may be compared to a cashier of a bank. He runs everything, and the Commissioners, as in the case of the directors of the bank, refer everything to him, and do not, as a rule, individually act or think for themselves. They are busy men and are unable to give the really vast amount of time this much neglected class deserve and require to place them promptly on the same basis as our other sick.

The State Board of Insanity of Massachusetts, and especially their executive officer, Dr. Copp, have accomplished much in the past twelve or more years. The more I study into what has been *planned* for the mentally alienated and what is immediately necessary, the more appalled I am at the courage displayed by our State Board and its executive head to undertake this whole work single-handed. I consider it physically and mentally impossible for these men, clever and experienced as they are, to accomplish under their present organization anything like the results that ought to be accomplished within the next year or eighteen months.

Early in the 90's our insane were in almshouses and jails, overcrowded and abused. They were placed in asylums, and the State of Massachusetts has since assumed the entire care of and responsibility for them. The accommodations have, from time to time, been made more attractive, comfortable and commodious, but never sufficient, and today there are over 1,000 who sleep on cots, put up temporarily in corridors, etc., every night. For some time serious and conscientious investigations have been quietly carried on in the clinics and in the laboratories of our asylums, and plans are on foot for an extension of this work to most, if not all, of the institutions. A Psychopathic Hospital is about to be built which will dominate this scientific work and at the same time serve as an observation hospital for doubtful early cases of mental alienation, a clearing house for other mental cases, and also a teaching center. This is most commendable, and has the unanimous support of every deep-thinking physician and layman.

The taking over of the insane by the State was at the beginning a humane act. It was to separate them from the pauper and criminal and to remove them from all rough usage. Is there any reason why the proud State of Massachusetts should not have kept faith with its purpose by this time? Is there any reason why, before this, the insane should not have been properly housed and not be obliged by the State to sleep in corridors and passageways against the laws which the same State has made and enforces on other institutions? Is there any reason why the State should today send any part of her insane to the Tewksbury Almshouse? Is there any reason why the State should allow its sick and helpless wards to have their feet, in some instances, so neglected that they walk uncomfortably or with pain, or to sit about on benches and chairs doing nothing because they have no glasses with which they can see to read or work, or to waste in body and mind because their teeth are neglected? Why does the State of Massachusetts build expensive State sanatoriums for its tubercular patients, to enable these cases to be segregated, and pass laws protecting those who have not contracted tuberculosis from those who are suffering from the disease, and at the same time so conduct its own State hospitals for the insane that certain tubercular patients are forced to reside in general wards and expose other patients to the disease? What is more demoralizing than to visit one of our so-called chronic insane hospitals and see over 1,500 patients sent there to decay, for no other word really gives a correct idea? With the small staff on duty, work as diligently as they can (and they are certainly faithful servants of the State), they can only look after the acute or terminal physical ills. Today the State Board of Insanity has not only the care and custody of the insane, with its many branches of work, including the excellent colonies, but it has the epileptic, the alcoholic, and the feeble-minded institutions in its charge.

What is the immediate remedy? First, either to create a larger working board or commission and divide the work so that different members will have charge of different classes and appoint an executive officer for each class; or else create a new board to take over and relieve the present Board of all excepting the care of the "insane hospital" cases, strictly speaking, and the Psychopathic Hospital, which will, for the present, provide for the acute and preventable mental cases. This part of the work, under the present plans, is the most important. Then I believe the Insanity Board should at once ascertain and ask for the amount of money necessary to give proper accommodation to each patient for the next few years. They should at once replace the present untrained attendants with trained nurses, mostly women, as is now the case in some of our hospitals for the insane in this country, and also establish training schools for nurses which will soon be able to supply the demands from our State hospitals, — such training schools as they have at McLean Asylum, where only persons of undoubted character and humane instincts are admitted.

The State should at once have the teeth of each patient put in order by competent registered dentists after a personal examination, as only they should decide what patients need relief. After this is done there should be an official

dentist with such assistants as he may require, who should be under the pay of the State and not allowed to do outside work, who should visit each hospital at stated and frequent intervals personally to examine and put in order the teeth of each patient, including the furnishing of false teeth where necessary and practicable. This appointment should be made on the recommendation or the approval of our State Dental Association. The man recommended or endorsed by them would not extract teeth, as is often the case at present, rather than try to save them. It is needless to explain to the intelligent citizen the importance of this work to the comfort and health and often the recovery of the patient, who is thus enabled to take proper food and to receive nutrition which he would otherwise be deprived of. Also of very great importance is the immediate care of the eyes and the feet.

Plans extending over a period of the next five or ten years, but which it is acknowledged ought to be carried out at once, do not always prove an economy to the State. Too many changes often have to be made, additional appropriations asked for, and there is danger of the earlier buildings or parts of the plan becoming obsolete before the plant is finished.

It is my opinion that if the State of Massachusetts had properly housed and cared for its mentally ill people, especially the acute and early cases, twenty years ago, our insane would today be on a decrease instead of on an increase of 11.16 per cent more than the increase of population; and our expense for their custody and care would be less each year instead of increasing at the enormous rate of the last few years.

Preparatory to writing the foregoing paper, I addressed the following letter to Dr. Copp:

64 BEACON STREET, BOSTON, MASS., October 24, 1910.

Dr. OWEN COPP, *Executive Officer, State Board of Insanity, State House, Boston, Mass.*

MY DEAR DR. COPP: — I am requested to write an article which may be of some little value in educating the public in the more up-to-date care of their so-called insane, and in stimulating those who read it to help in bringing about as scientific and humane treatment of this class as is accorded those suffering from other diseases. I was so badly misquoted by reporters who did or did not hear my last medical paper, that I am glad of this opportunity to state things correctly. Figures are oftentimes misleading, and to avoid making any misstatement I am going to ask you to give me some correct figures and facts, as follows:

How many tubercular patients are there at each State hospital, and how many are at present in the wards with other patients? I should like each hospital now under charge of the State Board of Insanity separately listed, if this is not asking too much; also, in like manner, the number of violent deaths during the past three years occurring in said hospitals, and the cause and dis-

position of each, and what steps or action the Trustees of the different hospitals, or the State Board, took in such cases, especially toward the punishment of those responsible or of those in whose charge the patients were.

Just what is the overcrowding at the present time, and what is the estimated expense of providing proper space to prevent overcrowding up to 1912?

What is the ratio of patients to each physician who actually visits the patients daily, and the ratio of patients to each male nurse or attendant, and to each female nurse or attendant?

What are the qualifications required for the employment of nurses or attendants, male or female?

How many cases of abuse of patients have been reported the last three years, and which ones were investigated and with what results?

I expect you have all of these facts and figures where you can turn to them. It is needless to say to you that I am endeavoring to bring about more care and better conditions for the so-called insane, of whom we, as a State, have assumed the responsibility, at the earliest possible moment, and not years hence.

Sincerely yours,

L. VERNON BRIGGS.

Dr. Copp's reply was as follows:

THE COMMONWEALTH OF MASSACHUSETTS

STATE BOARD OF INSANITY

STATE HOUSE, BOSTON, November 1, 1910.

L. VERNON BRIGGS, M.D., 208 Beacon Street, Boston.

DEAR DR. BRIGGS: — In reply to your favor of the 24th ult., I have the pleasure to send you the following:

I am sending you, under separate cover, copy of our last annual report for 1909. On pages 7 and 8 you will find listed all the institutions under the supervision of the State Board of Insanity, with the number under each classification.

As regards the treatment of tubercular patients, care is taken that every institution separate the tubercular from other patients.

There are seven open-air pavilions separate from any other building.

There is one tubercular ward with open-air verandas on either side at the top of a building, and entirely isolated from contact with any other part. In describing this ward in one of his public lectures, Dr. Arthur T. Cabot pronounced it one of the best types of provision, if not the best, in the State for this work.

There are five such wards now under construction at three different institutions.

At all the other institutions tubercular patients are cared for in open verandas, or in a few cases in separate rooms.

As regards overcrowding: On October 1, 1910, there were 11,673 insane patients in our institutions whose total capacity is 10,859, leaving a deficiency of 814 beds.

There are buildings under construction providing 928 beds. It is intended and as a rule the State provides annually for about 500 insane patients. In addition there are 150 beds for feeble-minded children under construction.

On pages 161 and 162, report of 1909, you will find a summary of appropriations granted for the last eleven years, with the cost per capita for nurses, patients, etc. It is there shown that in the ten years ending 1908, buildings were constructed and furnished for 4,024 patients, at an average cost of \$569.11; 760 nurses, at an average cost of \$651.94.

As regards the ratio of patients to each nurse, you will find this information classified for each institution in Table 8 of the Appendix, pages 242, 243. These figures are computed from the pay rolls and represent the actual number of nurses on duty.

You will note that there were 10.09 male patients to 1 nurse in 1909, and 8.63 patients to 1 female nurse. On the average for both sexes there were 9.24 patients to 1 nurse.

As regards the ratio of physicians to patients, there is 1 to 154.59 patients. In addition, there are seven specially trained physicians each in charge of a well-equipped scientific laboratory, and having one or more assistants.

As regards qualifications of nurses: The greatest care is taken in the selection of a nurse. The same methods are pursued as obtain in the general hospitals. Every nurse is looked up and a personal interview is obtained whenever possible.

All of our hospitals have training schools for nurses, and special instruction is given in every institution.

As regards suicides, violent and accidental deaths and abuses: In every case will be found at every institution a written record of such acts, serious or otherwise.

Every case is immediately investigated by the physician in charge, who reports it to the superintendent, who, in turn, gives his personal attention to such a matter and reports it to the trustees. If it is of a serious nature, a written report is immediately made to the State Board of Insanity. Such a report receives the personal attention of the members of the State Board, who carefully consider it.

To answer your questions more specifically: In 1907 there were 6 suicides among 16,202 persons under treatment, or 1 to 2,700; in 1908 there were 11 among 17,072 persons under treatment, or 1 to 1,552; in 1909 there were 12 among 17,841 persons under treatment, or 1 to 1,487. Of the total number in the three years (29), 22, or 75.86 per cent, of them were in public institutions, whose inmates constituted 95.01 per cent of all inmates, public and private, while 7, or 24.14 per cent, occurred in private institutions, whose inmates constituted 4.99 per cent of total public and private.

The medical examiner was called in every case. Inquests were held in three cases. Special investigation was made by the district attorney in one

case, who found no ground for action. Every case was reported to the State Board, who were furnished with a copy of the medical examiner's finding. The State Board made a special investigation in ten cases.

In three cases the State Board criticized the hospital management. In three cases the nurses were discharged.

As to violent deaths: in 1909 there were two such deaths, resulting from an injury after a struggle with nurses. In both cases there was prosecution in court. In one, two attendants were convicted. The other case is still pending, but the outcome is expected to be in favor of the attendant. In both cases the same method of procedure was observed as in the case of suicides. There were no violent deaths in 1907 and 1908.

In the three years there were twenty accidental deaths: from epileptic seizures, 7; falls, 4; impaction of food in the larynx, 2; accidental scalding, strangulation, coasting, syncope in bath, run over by train, 1 each; accidental blows while at work, 2. These cases were dealt with in the same manner as suicides and violent deaths. The Board of Insanity specially investigated six cases and criticized the management in three cases.

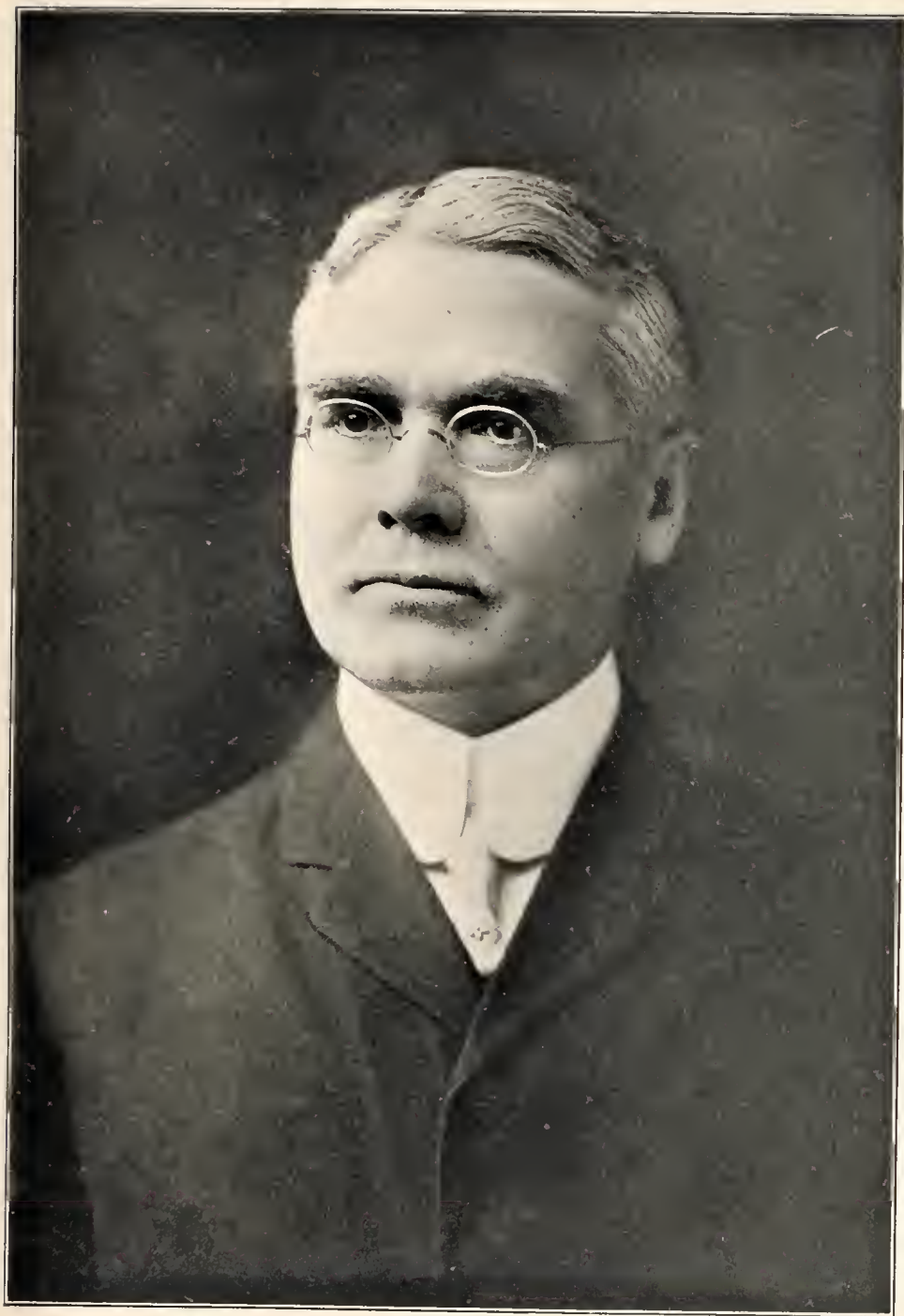
I hope the above gives you the information desired. If I can be of further service at any time, kindly call upon me.

Very truly yours,

OWEN COPP,
Executive Officer.

It will be noted that Dr. Copp did not answer my questions specifically, but only in a general way. That he was not quite cognizant of conditions was very evident from his letter, as there was scarcely a State hospital that did not have tubercular cases on the wards with other patients who were not tubercular. At the time he wrote, in some institutions there was no pretense made to separate the tubercular cases until they became bedridden.

Again, as to the qualifications of nurses, his statements were not correct; usually nurses' records were not looked up. If they had been it would have been impossible for officials to have employed bartenders, escaped patients, men who had served time in the State Prison, and tramps, as was done at that time in several of the institutions.



DR. OWEN COPP

Executive Officer of the Massachusetts State Board of Insanity

Dr. Copp's statement in regard to training schools at the State hospitals seems to be inaccurate, but I do not, of course, know what he then called a training school. His reports as to the investigation of suicides and violent deaths speak for themselves. It was characteristic of the State administration at that time to whitewash conditions which might lead to criticism, rather than to meet them openly.

The revelations brought forth by my investigations of the hospitals prior to 1911 made me feel that restraint apparatus, packs and seclusion should be regulated, and I decided to introduce a bill in the Legislature which should bring about proper regulations.

In November, 1910, I learned that there was a possibility that Senator Melvin E. Nash would be left off the Committee on Public Charitable Institutions. He was strong in his belief that conditions should be improved, and he was a good friend of mine. An attempt was made by those who were opposed to my legislation to have him left off the committee. He notified me of this activity on the part of our "enemies," and I wrote the following letter to Mr. Allen T. Treadway, then President of the Senate:

BOSTON, November 21, 1910.

MY DEAR MR. TREADWAY: — Last year I appeared before the Committee on Charitable Institutions, together with many prominent and philanthropic people of Boston, including Bishop Lawrence, Professor Sedgwick, Drs. Putnam and Cabot, and others. We all felt that certain members of the committee took a most intelligent view of the questions presented. Among them, Rev. Melvin S. Nash was the most prominent and executive. Largely through his efforts on that committee, the insane who had been hitherto incarcerated in jails and prisons within the limits of Boston were taken out and placed, or were sent directly after arrest to the observation ward of the Boston Insane Hospital, pending the completion of the new Psychopathic Hospital.

As a result of this wise law which was passed last winter, 1,000 sick people will be saved the ignominy and disgrace of police interference and custody before the Psychopathic Hospital will be ready to relieve the situation.

There was opposition on the part of some officials, but one and all now acknowledge that it was a wise measure, and they express themselves as wondering how they ever were able to get along without it. After a year's work, certain amendments should be made, and there will be other laws necessary on the same subject to meet the requirements of the new Psychopathic Hospital, which should be finished before the Legislature of 1912 comes in.

Mr. Nash last year made a study of the whole situation and took a deep interest in the prevention of insanity. His being retained on that committee this year would mean much to all those who are interested in stopping the ever-increasing numbers of insane which are becoming such a tremendous burden to the State, and a loss of intelligence to the community. We do not know whether it would be possible to put him in as chairman. We have not consulted him as to his desire, but we do feel that if he was chairman, the State would be the gainer; and if that is impossible, we ask that he be retained on this committee during the coming year, as he can begin on all these questions where they were left last year, and intelligently decide and advise those who want a change of laws, whereas a new man would have to go over all the old ground to understand what is wanted.

If I have not made myself perfectly clear, I trust you will say so. I should be very glad to talk it over with you when I can explain more fully, especially if there is any question about Mr. Nash not being retained on this committee.

I am very sorry Senator Pickford has not been returned to the Senate. He was also a most conscientious member; and while he turned a willing ear to those who wanted to improve the conditions of the insane, it was perfectly evident that he guarded well the interests of the State.

Very sincerely yours,

L. VERNON BRIGGS.

Senator Treadway replied:

MASSACHUSETTS SENATE

PRESIDENT'S ROOM

STATE HOUSE, BOSTON

CAMBRIDGE, MASS., November 24, 1910.

Dr. L. VERNON BRIGGS, *64 Beacon Street, Boston, Mass.*

DEAR DOCTOR: — I am in receipt of your letter, and in reply beg to say that I consider the Committee on Public Charitable Institutions one of the most important of the Legislature, having to deal with just such questions as you and your friends are interested in. I have noted with pleasure the interest Senator Nash has taken in it. In accordance with senatorial precedence the present chairman will undoubtedly be reappointed, but I understand that Senator Nash desires to retain his place on the committee.

Sincerely yours,

ALLEN T. TREADWAY.

Senator Nash was retained on the committee and did most excellent work the following year.

A few words here in regard to the newly elected Governor, Mr. Eugene N. Foss. Mr. Foss was a successful manufacturer, not a politician, and he looked upon the great economic questions, not as a politician, but as a business man.

For years he had advocated reciprocity with Canada and a downward revision of the tariff; for while he, as a manufacturer, might suffer a reduction of profits by a lowering of the tariff, he was big enough to see that in the end business conditions would be vastly improved. He was elected by the Democratic party, but was never a partisan, and he received many Republican votes.

In his inaugural address Governor Foss, under the caption "Popular Government," advocated a number of progressive measures, most of which have since become part of our State government. These included the direct primary, the recall, the initiative and referendum, the right of labor to organize, vocational training in the schools, and various suggestions for the improvement of New England transportation. He also urged that strong Massachusetts influence be brought to bear upon Congress toward tariff reduction and a Federal income tax.

I felt that a man of these liberal principles could not fail to be helpful in the cause of the insane of Massachusetts, and accordingly wrote him the following letter:

BOSTON, November 30, 1910.

Hon. EUGENE N. FOSS, *State House, Boston, Mass.*

DEAR MR. FOSS: — There are a large number of physicians and a good many of our citizens who are deeply interested in the better care of our insane, and in work for some plan which will tend toward the prevention of

the tremendous increase of mental disease, at the same time lessening the future burden on the State and the loss of intelligence to our community.

Something should be done in a scientific and practical way to stop this increase, which, according to the last statistics of the State Board of Insanity, is over 11 per cent more than the increase in the population. About three million dollars a year is expended by the State for the care of those who are at present insane. This means, to a great extent, custodial care. If more were done in a medical way, a good proportion of these people would be able to resume their duties and become wage earners; and if something were done such as they are planning in different countries at the present time to prevent this increase and abort the early case in a comparatively few years I feel that instead of there being an increase in insanity there would be a decrease. This class of our citizens has a good deal to do with the increased cost of living in this State. Most of the forms of so-called insanity have now been traced to physical causes, which if treated early would save the individual at the beginning.

The State is doing a good deal and is planning more, but there is something wanting, especially in the details of early care and treatment. It would seem to me that from a business point of view, such as you are so expert in, it is better to stop this increase in the beginning than to nurse along this increasing cost to the State year after year.

Governor Draper, on page 20 of Senate Document No. 1, in his address, refers to the tremendous increase. At the present rate of increase the State will have to expend an income of over half a million dollars additional each year, and it cannot go on doing this.

I should like to see you and talk over this very important question, to see if your successful business mind, together with those of us who are interested from the medical and scientific point of view, cannot come to some practicable plan to put this class of citizens on some basis of care or treatment so as to reduce expenses and save their minds and intelligence.

Sincerely yours,

L. VERNON BRIGGS.

The Governor elect's reply was as follows:

34 OLIVER STREET, BOSTON, MASS., December 7, 1910.

Dr. L. VERNON BRIGGS, 208 *Beacon Street*, Boston, Mass.

MY DEAR DR. BRIGGS: — Your letter of November 30 contains a valuable suggestion with respect to the betterment of conditions in our institutions.

I trust you may find it convenient some time to come and see me personally, in order to give me the benefit of your more detailed advice.

Very truly yours,

E. N. Foss.

In December I wrote the following letter:

64 BEACON STREET, BOSTON, December 7, 1910.

State Board of Insanity, State House, Boston, Mass.

GENTLEMEN:— There are several matters which I am desirous to bring before your Board, with the hope that something definite may be done this winter to relieve conditions which should not go on as they are any longer, and to improve the present care and treatment of the insane.

Among the first and most important of the conditions which should be remedied is the treatment of the insane, especially by male attendants. There is no doubt but what there is considerable abuse by these men, much of it unknown to the superintendents. I have received during the last two years over fifty letters and visits from patients, either at present in the hospitals or discharged. Many of the complaints, as we all know, are unjust, some of them are probably delusions, but many of them have foundation in fact, and some of them are absolutely true. Many plans have been suggested to improve these conditions and to have the patients treated the same as other ill people.

First, I consider the abolition of restraint, excepting under the most rigid supervision, absolutely necessary. I have twice drawn up bills to cover these points, but have hesitated to put them into the Legislature, first, because I know Dr. Copp is making every effort to bring about the abolition of restraint by a slower and more roundabout method than I would, perhaps; and second, because the more I think of it, the more I believe it is entirely within the powers of the State Board to make such rules for all our insane institutions, both public and private, as Danvers and Northampton have adopted. I think that the putting together of the rules and system of these two hospitals would remedy much of the abuse in some of the other hospitals.

My last reason for not wishing to put a bill in the Legislature covering this point is that the public might not understand it; that the legislators might require us to show a reason for such a bill, and the publicity occasioned thereby would not be desirable.

As long as restraint is allowed to be used at all, excepting by the superintendents, the attendants will look upon the patients as to be disciplined rather than educated and treated. Another custom in vogue in some of the hospitals, which also conveys this impression to the attendants, is the punishment of the patients who will not work or do what they are told to do, by sending them to the violent ward. It is a form of punishment which I do not think ought to be inflicted by the superintendents on many of the patients that it is inflicted upon. Another bad example for the attendants, more especially the nurses, is the keeping of the criminal insane with the other insane. I have heard a good many complaints regarding this from Taunton, and I do not think the moral effect is good upon the patients or the nurses. The obtaining of a better class of attendants is a question which requires study and some definite plan, it seems to me. The fact that certain criminals

have been found among our attendants from time to time shows that sufficient care is not exercised in looking up these people, and we all know that it is not. Having formulated some plan for obtaining a higher class of men, and in some instances women, I believe that it would be well worth while to investigate the work now being done on the same subject in other States, more especially by Julia Lathrop in Illinois.

I personally do not believe we ought to have changed the name of asylum to hospital until we had made our institutions nearer hospitals than they are today. I feel that the tubercular cases should be absolutely and entirely segregated; one tubercular patient in a ward may do an immense amount of damage.

I believe the teeth of the patients should be looked after by one or more regularly appointed and salaried dentists, with such assistants as they may require, and who would be under the employ of the State and in connection with the State Board of Insanity, and who would take hospital after hospital. Dr. Wm. L. Russell of New York told me that he had a good many cases which he considered were recovering, and that their recovery was due in a great measure (and he even put it stronger than this) to the treatment of the teeth. His dentist is working, in connection with Dr. Hutchinson of New York City, for the treatment of the gums and the treatment of pyorrhœa. The dentist found serious chronic conditions in the gums of a good many patients, and the improvement in their mental condition after treating these scientifically was at once marked and wonderful.

I would like to call your attention to the laws passed this last year in New York, especially the law for transportation of the insane, and chapters 338 and 608 of which you undoubtedly have copies in your office. I feel that Massachusetts should not be behind New York in these matters. These laws prevent the necessity of incarceration of patients by the police, and provide for women attendants to accompany women patients; require the exercise of the greatest care in handling the patients so as not to injure their mentality more than it has already been damaged; provide for the handling of the patients by nurses sent from the hospital, rather than by the police, etc. It is also provided that no insane person shall be left confined in any place, even pending an examination, without an attendant being in charge. These are some of the important points.

I have recently visited New York and talked with Drs. Gregory, Russell and others, and they are tremendously enthusiastic about the working of the law. They find it most practicable and humane, and they both told me that the patients arrived at the hospital in an entirely different condition than heretofore; that instead of being handled as criminals, which the police could not seem to help, they were handled the same as any other sick persons. They are planning to have ambulances built in the form of carriages which can be sent for patients from hospitals throughout the State.

Dr. Luther Bell, who was superintendent at McLean Hospital about 1846, once said: "*There is no such thing as a cheaply managed insane institution. It can't be done cheaply and done properly.*" This is what we must impress

upon the Legislature, and try to do away with the idea that the insane are to be taken care of on the same financial basis as the prisoners and paupers.

I believe that the State Board should make such definite rules very soon for the abolition of restraint, excepting under very rigid restrictions, else the present work of Dr. Copp and your respected body will not avail in the private institutions where restraint is used in some instances to a much greater extent proportionately than in our public institutions. Of course, nothing your Board can do will stop restraint from being used in our general hospitals and by the police. Those are the questions which should be settled by general law, but I believe the general law affecting these abuses would be better passed after the abolishing of restraint among the insane.

As to overcrowding, I feel that something should be done this winter to relieve that situation. I am not aware of just what you are planning.

My views on the question of prevention and after-care, upon which I have spent a great deal of time and considerable investigation, I should like to present to you later. I feel I have taxed your patience quite enough at present.

In closing I would urge your Board to introduce such bills as will cover and give relief to the above conditions. None of us know the feelings of the Legislature or the Governor on these points, or how they are going to look upon these burning questions. The last Legislature and Governor were just beginning to be educated. I hope that the successors of those who have been educated will believe in inheritance, and not delay the work for the insane.

Very sincerely yours,

L. VERNON BRIGGS.

Dr. Copp answered on the following day:

THE COMMONWEALTH OF MASSACHUSETTS
STATE BOARD OF INSANITY

STATE HOUSE, BOSTON, December 8, 1910.

L. VERNON BRIGGS, M.D., 208 Beacon Street, Boston.

DEAR DOCTOR: — Your communication to the State Board of Insanity, dated December 7, is received, and will be presented to them at their next meeting. I shall suggest to the Board that you be requested to meet them perhaps on Wednesday, December 21, or at some other time convenient for you and the Board. If this is not a convenient date, will you kindly inform me? In any event, I will write you further as to the exact time.

Very truly yours,

OWEN COPP,
Executive Officer.

On December 16 I received the following letter from Dr. Copp:

THE COMMONWEALTH OF MASSACHUSETTS
STATE BOARD OF INSANITY

STATE HOUSE, BOSTON.

L. VERNON BRIGGS, 208 *Beacon Street*, Boston, Mass.

DEAR DR. BRIGGS: — The Board of Insanity would be glad to have you meet with them at Room 34, State House, on Wednesday, the 21st of December, at 4.30 P.M., if this is a convenient date and hour for you.

Very truly yours,

OWEN COPP,
Secretary.

I met the Board at the time named, and placed before them all the problems on which I had been working, bringing out the fact that these suggestions for improvement had been made by me for some years, and that the Board had assured me that they were working on them and were going to bring about results similar to what I had urged. But year after year had gone by and the insane were still suffering, were still maltreated, and scientific work was almost nil in many of the hospitals; in fact, in some of the hospitals no scientific progress had been made, not even laboratories installed.

I went home from the meeting discouraged at the cold reception I had received. It was evident that they had asked me to come before them as a matter of form, not because they sincerely wished to carry out my suggestions, not because they believed in my plans, but because they wanted to set themselves right before the public, if later the question came up whether they had given me a hearing or not.

The next morning's mail brought a letter which cheered me, after such a cool and negative reception as I had received from the Board. It was the following letter from the Governor-elect:

34 OLIVER STREET, BOSTON, MASS., December 21, 1910.

Dr. L. VERNON BRIGGS, 64 *Beacon Street, Boston, Mass.*

MY DEAR DR. BRIGGS: — I shall hope to see you at an early date. I am especially anxious to get at these problems at their beginning, and to supply methods of prevention rather than of cure.

It seems as if a great deal might be done along the line of scientific study of all tendencies in the young which lead toward our penal and other institutions.

Do you not think this is the manner in which to approach the problem, and along these lines cannot you give me some valuable suggestions?

Yours very truly,

E. N. Foss.

I immediately answered this letter and prepared him for the subjects I wished to touch upon.

64 BEACON STREET, BOSTON, MASS., December 22, 1910.

Hon. EUGENE N. FOSS, 34 *Oliver Street, Boston, Mass.*

MY DEAR MR. FOSS: — Your letter is received and I hope to see you and shall telephone today for an appointment. In the meantime I should like to outline a few matters.

There are today literally thousands of our insane, many of whom are curable cases, who are wandering about the yards and enclosures of the insane hospital grounds day after day, under the supervision of a few overseers or attendants, whose duty it is to prevent their committing any overt act, especially injuring each other or themselves, or escaping. What we need are one or more instructors to teach these attendants methods of employing their patients during the winter season, which might at the same time be of benefit to the State.

At Bridgewater a patient told me that prisoners from the State Prison who were sent to the insane hospitals begged to be taken back to the State Prison because there they had regular employment and exercise.

As some of our insane hospitals are today conducted, there is no inducement or attraction to the young physician, for his position in the hospitals is mainly one of custodial care. I believe the appropriations for the insane hospitals are large enough to do a great deal more work toward the cure of the patients and turning them into the community as wage earners. This would greatly relieve the burden to the State. I believe, as has been suggested in another State, dispensaries should be established in different large centers, which can be done without any expense to the State, but which should have the State's recommendation, where our people who today are turning to the right and left for help may go to receive proper advice and instruction to avoid drifting on dangerous shoals. These centers should be educational centers

for the avoidance of mental troubles. I believe that the insane hospitals should adopt some system of sending to the physician of each patient they may receive, an invitation to come to the conferences which are held at the hospitals, when their patient is discussed, and they should receive the benefit of the experience of hospital physicians. The family physician would then go back to the community from which he came, and be able to more intelligently help the members of the same family and the inhabitants of the same town. In other words there should be a more intimate relation between the general practitioner and the insane hospitals, to the immense benefit of both.

You will, in a most convincing manner, be told that the patients have occupation, the best medical treatment and attendance; but as a business man who believes only in facts and figures, I know you will not be deceived. Great improvement has been made in our hospitals for the care of the insane, but I maintain that what has been done for the *cure* of insanity and the cost of the same are out of all proportion. The appropriation for the dependents of our State, the tax which the State pays for these people, is more than any other appropriation or a good many appropriations put together. Last year the State appropriated three-quarters of a million for the construction of buildings to house the mental cases alone. This year I understand you are to be asked for a like amount. This is the best proof that something should be done to more intelligently plan and carry out the work for the cure and prevention of insanity.

There was a commission appointed last year by Governor Draper to look into the question of degenerates, etc. It will undoubtedly report to you. In New York there is a prominent organization known as the State Charities' Aid Association, which is self-supporting and is led by Hon. Joseph Choate. For fifteen or more years it has been of the greatest benefit to the insane and charitable institutions of the State. It has visitors to the different institutions, and the relation between this association and the institutions is most cordial and co-operative. Its committees are regularly appointed to visit the institutions. They go over the financial and other needs of the institution, and being intelligent people, they have saved the State a great deal of money and at the same time have corrected many extravagances, as well as abuses, without publicity, and have improved the conditions for the prevention and cure of insanity which are far in advance of any other State. I believe that an association of that kind should be formed in Massachusetts, and I am prepared to present to the Legislature, should it seem best, the names and by-laws, as was done in New York. These thousands of insane, and millions of money appropriated, are virtually in the hands of one man. That man is Dr. Copp, the executive officer of the State Board of Insanity.

The State Board of Insanity is the same as the boards of directors in many of our large banks, where either one director or the cashier runs the bank. I am sure you know how this is, and it is the same with the State Board of Insanity. Dr. Copp is eminently fitted for his position as executive officer, but no one man should have the control of such large appropriations



Sincerely yours
Eugene N. Foss

GOVERNOR EUGENE N. FOSS

and the planning of the immense amount of work necessary, when the Board refers everything to him and is guided by him, and the members do not have time individually, with perhaps one exception, to think out the questions for themselves or to visit the hospitals as frequently or intimately as they should. The chairman of the State Board, Dr. Howard, is also the head of the new Brigham Hospital, and has as much work in that direction as one man ought to do.

Under the same management with the insane institution at Bridgewater are 1,200 paupers. In the pauper institution at Tewksbury there are 700 insane. It would seem to me that either the insane and paupers should be entirely separated, or else we should go back to our former system of having one Board for both, thereby saving much expense to the State; and one properly organized Board for both has some advantages, although at the same time this new board was created, conditions were such that it was most desirable to separate the paupers from the insane.

The above are the main questions I wish to talk over with you within a few days, at an hour to suit your convenience, which I will ascertain by telephoning you.

Respectfully yours,

L. VERNON BRIGGS.

On the same day I also wrote to Dr. Copp:

64 BEACON STREET, BOSTON, December 22, 1910.

DR. OWEN COPP, *Executive Officer, State Board of Insanity, State House, Boston, Mass.*

MY DEAR DR. COPP: — After I got back to my house last night, I did not feel at all satisfied that the State Board of Insanity had seriously taken up all the points which I was to bring before them, Mr. Whittemore excepted.

It seemed to me that the State Board had chosen an hour when they were not prepared to listen to what I had to say. Four members were present; one member immediately got up and retired without saying anything. Dr. Howard, who I appreciate is an extremely busy man, was on the *qui vive* all the time, and you personally, owing to your enthusiasm about what was being done and planned, did not always give me a chance to state clearly what I wanted to say. In a general way I feel you know what I am working for, but facts and figures are the only things which count with me. General statements I have no use for.

What I wish to put before the Board, among other things, is the following: That some plan and action be taken for the regular employment of patients in each of the State hospitals. I came away with no assurance that this was going to be done. What I further wanted the Board to do, was to take some action for improving the class of attendants, who now are only custodians of our insane people, many of whom are herded like so many cattle in the enclosures and grounds of the hospitals, where attendants are loafing as well

as the patients, and where attendants are used to prevent the patients from committing overt acts, and otherwise have little occupation. These attendants should be instructed in manual training. They never should be idle. They should always be helping the patients to do something in the way of occupation or entertainment. This is more true on stormy days when the patients are indoors, where the demoralizing effect of the sight of patients sitting about on benches in corridors, doing nothing, makes one feel that the State of Massachusetts is rather making people more insane instead of less. Patients have said to me: "For God's sake, take me out of this place where I can only think of my condition, and where I am not allowed to do any work." I think it is true that quite a number of insane criminals at Bridgewater would gladly return to the State Prison for occupation alone.

Some of the other questions which I wished to bring up before the Board, but was unable to, were the separation of the almshouse cases from the insane, the separation of the criminal insane from those innocent of any crime, the separation of epileptics and idiots from the other insane, the manner of bathing patients, and the punishment used to make them work. One more question which I did bring up, but on which I came away without any more satisfaction than I had previously had, was the closer and more intimate relations which should be established between the physicians and the hospitals. It may be true that certain physicians are invited to conferences, or that certain hospitals employ this method. I will say that, with the exception of McLean Hospital, I have never been invited to any conference after sending a patient to a hospital. Committing patients is an act that I avoid, if possible, for many reasons, so that the number of my committals is not large; but I have asked men who have committed many more cases than I have, and I have failed to find one who has been invited to a conference after committing a patient.

I went to the Board meeting hoping that some definite action would soon be taken in regard to this plan. I came away feeling that nothing definite would be done at present.

The matter of restraint, about which I have been interested, seems to be progressing in the right direction. I feel that when a more intelligent handling of the attendants as to instruction and employment is used, then a different class of men who want to work and help these people will be attracted and take the place of the present loafer. I believe that when more medical work is done with the patients on systematic lines, such as is planned in some of the hospitals today, the service will attract a higher class of physicians than it does at present, and that the two cries now — that you cannot get good attendants, and that you cannot get enough desirable physicians to fill the places — will not be heard.

I have written thus fully because I do not feel like asking for any more time of such a busy Board, and because I can put more concisely what I have to say in writing.

Very truly yours,

L. VERNON BRIGGS.

P. S. — I could devote a much longer letter to things you have done, and such a letter would be filled with praise and admiration. Do not think I lose sight of the splendid work being done. We all feel that.

L. V. B.

As usual, Dr. Copp took about a week to answer, then he wrote a letter which assured me he approved of my taking independent action if I desired.

THE COMMONWEALTH OF MASSACHUSETTS

STATE BOARD OF INSANITY

STATE HOUSE, BOSTON, December 30, 1910.

L. VERNON BRIGGS, M.D., 208 Beacon Street, Boston.

DEAR DOCTOR: — Your letter of the 22d instant to the Board of Insanity was duly received and considered at its meeting of the 29th. The Board desires to express its cordial sympathy with your ideals as to the employment of patients, their improved classification, the isolation of tubercular patients, the need of a better class of nurses and attendants, their careful instruction and training, and the more intimate relation of the hospital and its physicians with the family physician of the patient and the medical profession in general.

The Board has been interested and active many years in all these directions, and believes that all the trustees and superintendents of the institutions have likewise been diligently at work along the same lines with a gratifying degree of success and accomplishment, although all keenly feel the need of continued and renewed effort, and especially the active co-operation of additional workers, particularly physicians like yourself. The great need lies in the direction of constructive effort.

If you have any specific suggestions to make in regard to any of these matters, the Board would be glad to consider them and to co-operate with you so far as it is in agreement. *It hopes, however, that you will not be deterred from taking any independent action which may seem to you desirable.*

Respectfully,

OWEN COPP,
Secretary.

I had an interview with the Governor-elect, who was very anxious that I should submit to him subjects to be brought up in his inaugural address; but he confined me at that time to the financial side of the situation, of which he said he felt more competent to speak.

Right here I should like to say something of those who were to be responsible for the passing of laws during the year 1911, and of those who were prominent in politics at that time.

Next to the Governor in power and influence were two men, the first, John C. Sherman, who was called "Chief of Experts," "The Man Behind the Throne," the "Assistant Governor," the "Sherlock Holmes of the Administration," and "The Man of Mystery." He played a prominent part in the Foss administration, as every one knows who was in touch with State House affairs. He was detailed by Governor Foss to supervise the investigations of the experts. He went over the Governor's messages and criticized them before they were officially released. Sherman was a genial and companionable man, called by some visionary and impractical; but this estimate did not prove correct. He was a graduate of Johns Hopkins University and the Massachusetts Institute of Technology. He produced several technical reports on college work for the United States government; was employed by Frank A. Munsey as associate manager of the Munsey publishing plant, and later put in charge of it; was on the editorial staff of the Munsey publications and was afterward on the editorial staff of the "Youth's Companion." He resigned that position to take a position with the Westinghouse Companies at Pittsburgh, in the publication department. From there he went to the American School of Correspondence, where he took charge of compiling, editing and publishing their textbooks. Wishing to qualify himself also in fine printing, he took a position for a year with the University Press at Cambridge. For several years

before Foss was elected Governor, Sherman was doing expert work for him in the various concerns in which he was interested. For five years he was also in business for himself as president of the Sherman, French Company, publishers of Boston.

Next in importance to Mr. Sherman was Dudley A. Holman, the Governor's secretary, who was editor of the "Taunton News-Gazette."

A third man who was close to the Governor and who kept in touch with all legislative matters and wielded a strong influence when it was necessary to save or kill some measure was George Harlow, assistant secretary to the Governor.

Lieutenant Governor Louis A. Frothingham was elected on the Republican ticket, while Foss was elected on the Democratic ticket. With one exception, the Governor's Council was composed entirely of Republicans. The members of the Council were: Charles O. Brightman of New Bedford; J. Stearns Cushing of Norwood; John Quinn, Jr., of Boston, Democrat; Walter S. Glidden of Somerville; William H. Gove of Salem; Herbert E. Fletcher of Westford; Winfield S. Schuster of Douglas; August H. Goetting of Springfield.

Allen T. Treadway was President of the Senate. Joseph Walker was Speaker of the House.

Of the senators, of whom I shall speak later, there were John F. Malley of Springfield; Francis X. Quigley of Holyoke; George L. Barnes of Weymouth; Melvin S. Nash of Hanover; George Holden Tinkham of Boston; James P. Timilty of Boston; Levi H. Greenwood of Gardner; Wilmot R. Evans, Jr., of Everett; John E. White of Tisbury; Joseph Turner of Fall River; John H. Mack of North Adams.

Of the representatives who took an active part in my bills I would mention the names of Andrew P. Doyle of New Bedford; Frederick W. Schlapp of Lawrence; William Halliday of North Andover; Martin Lewis Quinn of Swampscott; Henry G. Wells of Haverhill; Albert P. Langtry of Springfield; Thomas W. White of Newton; Nathan A. Tufts of Waltham; Charles F. McCarthy of Marlborough; Alvin E. Bliss of Malden; Fred P. Greenwood of Everett; Zebedee E. Cliff of Somerville; Benjamin F. Haines of Medford; Roger Walcott of Milton; Joseph F. Merritt of Norwell; Norman H. White of Brookline; Porteus B. Hancock of Brockton; Adolphus M. Burroughs of Boston; Alfred J. Pierce of Berkshire, Hampshire and Hampden District; Charles Lewin of New Bedford; George W. Bowker of Hanson; David P. Keefe of Fall River; Channing H. Cox of Boston; Martin M. Lomasney of Boston; Grafton D. Cushing of Boston; Melvin B. Breath of Chelsea; Clarence W. Hobbs, Jr., of Worcester; Robert M. Washburn of Worcester.

"Practical Politics" about this time published the following, which I quote because the physician named as working for Dr. Walcott was one of the coterie who actively opposed my confirmation.

That select coterie of medical politicians who control the Harvard Medical School and the Massachusetts General Hospital, and who do not hesitate to dip into practical politics when the interests of one of their select set are at stake, are bending every effort to hold Dr. Walcott in his place on the Metropolitan Water and Sewerage Commission. The latest move in the game is being engineered by Dr. —, visiting physician to the Massachusetts General Hospital. He has sent out to the physicians a blank petition with a circular letter asking the addressee to sign the enclosed endorsement of Dr. Walcott and return it at once.

Last Wednesday, when the councillors of the Massachusetts Medical Society met, the eminent Back Bay physician showed a political hardihood

that would have brought the blush of shame to many a man who owns up to being a politician. The doctor didn't dare to bring the matter of Dr. Walcott's endorsement before the councillors, but instead he sat outside the door of the room with his petitions, and nailed each councillor as he entered. The records of the Secretary of State's office show that both Dr. — and his brother were among the contributors to the Republican campaign fund last fall.

It is interesting to note that Dr. Walcott is a trustee of the Massachusetts General Hospital, and as such passes upon all appointments to the staff, of which Dr. — is a member. But most interesting is the fact that while Dr. — is backing Dr. Walcott, who is seventy-three years old, for reappointment, every member of the staff of the Massachusetts General Hospital retires upon reaching the age of sixty-two, to make way for new blood.

I also felt the activities of the coterie to which Dr. — and his brother belonged, as will later appear.

Before touching upon the two bills which I introduced into the Legislature, I wish to speak of two other bills which are of interest. Frederick G. Pettigrove, then chairman of the Board of Prison Commissioners, stated in his report of January 4, 1911, that there were in the prisons some persons afflicted with epilepsy and other nervous diseases, who could not be treated properly under the conditions that prevailed in penal institutions; and that, while no particular arrangement was proposed, it was strongly recommended that these prisoners should be segregated. This resulted in a resolve being introduced as House Bill No. 53, "that the prison commissioners are hereby authorized and directed to ascertain the number of persons in the state and county prisons who are afflicted with epilepsy and other nervous diseases, and to make an examination as to the best methods for the segregation and treatment of such persons, and they shall report on or before the third Wednesday in January, nineteen hundred and twelve, the result of their investigation with their recommendations thereon."

Strange to say, owing to the state of public opinion against doing anything for criminals, this resolve did not pass.

The other bill was one introduced by David Mancovitz, House No. 938, relative to transfers and removals by the State Board of Insanity, which provided, in part, that no person should be transferred to the Bridgewater State Hospital unless "he has been a criminal and vicious in his life." I speak of this because of a recent bill along this same line which left out that provision, and was therefore not favorably reported upon.

The State Board of Insanity agreed with me to recommend a bill, which was an improvement of the original bill, relative to the care of persons suffering from certain mental disorders, pending their admission or commitment to appropriate institutions, — that is, the bill to keep mental cases from being put into penal institutions; and also a temporary care act whereby persons suffering from mental derangements could be sent to any State institution. But against my advice the Board excepted all cases of delirium tremens or delirium resulting from alcohol. The first bill, to prevent mental cases from being sent to jails, was introduced by Joseph Turner as Senate Bill No. 409, and the temporary care bill was also introduced by Mr. Turner as Senate Bill No. 411. The history of these bills has been given in my book on the "History of the Psychopathic Hospital."

CHAPTER IV

THREE BILLS INTRODUCED IN THE LEGISLATURE, SENATE No. 289, SENATE No. 142, SENATE No. 313. — INAUGURAL OF GOVERNOR FOSS. — COMMENDATORY LETTERS. — OTHER LETTERS. — MRS. HENRIETTA CUSHING A FRIEND OF THE INSANE

Having been unable to stimulate the State Board of Insanity to action, or even to obtain their co-operation in the progressive measures I was championing, I decided to put three bills into the Legislature on the petitions of myself and of others who believed as I did and who were anxious that Massachusetts should be at least as far advanced in the care of her mentally ill as some of our western neighbors.

These were a bill to incorporate the Massachusetts State Charities' Aid Association, a bill to prohibit the use of restraint in institutions for the insane except under certain conditions, and a bill to provide for instruction in occupational therapy in the State hospitals.

SENATE No. 289

To accompany the petition of L. Vernon Briggs and others that the Massachusetts State Charities' Aid Association be incorporated. Mercantile Affairs.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Eleven

AN ACT

To incorporate the Massachusetts State Charities' Aid Association and to authorize Visits by it to the State Charitable Institutions

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. L. Vernon Briggs, Alexander Mann, Earle E. Bessey, Henry M. Chase, Edward R. Warren, Henrietta Cushing and Frederic H. Curtiss

are hereby made a corporation under the name of The Massachusetts State Charities' Aid Association, with all powers and subject to all the provisions which are given to or imposed upon charitable corporations by the General Laws.

SECTION 2. The business and objects of the corporation are:

(1) To aid directly, or through its local committees, in the prevention of insanity and pauperism and in the improvement of the mental, moral and physical condition of destitute, feeble-minded or insane persons, whether in public institutions or elsewhere;

(2) To induce the adoption by the community at large of such measures in the organization and administration of both public and private charity as may develop the self-respect and increase the power of self-support of the poorer classes of society.

SECTION 3. Any justice of the supreme judicial court, on written application of the State Charities' Aid Association, through its president or other officer designated by its board of managers, may grant to such persons as may be named in such application orders to enable such persons or any of them as visitors of such association to visit, inspect and examine, in behalf of such association, any of the public charitable institutions and hospitals for the insane owned by the state, and any almshouses within the state. The persons so appointed to visit, inspect and examine such institutions shall reside in the counties from which such institutions receive their inmates. Each order shall specify the institution to be visited, inspected and examined and the name of each person by whom such visitation, inspection and examination shall be made, and shall be in force for one year from the date on which it shall have been granted, unless sooner revoked. All persons in charge of any such institution shall admit each person named in any such order into every part of such institution, and render such person every possible facility to enable him to make in a thorough manner such visits, inspection and examination, which are hereby declared to be for a public purpose, and to be made with a view to public benefit. Obedience to the orders herein authorized shall be enforced in the same manner as obedience is enforced to an order or mandate by a court of record.

SECTION 4. Said State Charities' Aid Association shall make an annual report to the state board of charity upon matters relating to the institutions subject to the visitation of such board, and to the state board of insanity upon matters relating to the institutions subject to the latter board's inspection and control. Such reports shall be made on or before the first day of November of each year.

SECTION 5. This act shall take effect upon its passage.

SENATE No. 142

To accompany the petition of L. Vernon Briggs that certain forms of restraint in certain penal institutions be prohibited. Prisons.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Eleven

AN ACT

To prohibit Certain Forms of Restraint on Inmates of Penal Institutions and of Patients in Public or Private Hospitals or Sanatoriums

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. On and after the first day of July in the year nineteen hundred and eleven, no restraint in the form of muffs or mitts with patent lock buckles or waist straps, wristlets, anklets or camisoles, head straps or other form of apparatus or device interfering with free movement, shall be used in any penal institution or in any public or private hospital or sanatorium in this commonwealth, unless it is applied to the inmate or patient by or in the presence of the superintendent or head physician of such institution, hospital or sanatorium, or on his written order, which order shall be preserved in the files or records of the institution, hospital or sanatorium; and such application shall be made only in cases of extreme physical exhaustion, infectious disease, or following an operation or accident which has caused serious bodily injury. The superintendent or head physician shall cause records of all restraint to be kept in a book which shall be provided for that purpose by said superintendent or head physician. Said book shall be open for inspection at all times by the trustees or other persons having control of the hospital, sanatorium or institution, the state board of insanity, the governor and council and members of the general court and shall contain complete record relative to the restraint, including the cause for restraint, the kinds used, the name of the patient, the time when the patient was placed under restraint and the time when released. Restraint, within the meaning of this act, shall also include confinement in a strong room or in solitary confinement, excepting when the inmates or patients are placed in their cells or rooms for the night, or excepting when such confinement is required by the sentence of any court.

SECTION 2. The superintendent or head physician shall keep personally under lock and key all implements or apparatus of restraint except when in actual use.

SECTION 3. The provisions of this act shall not apply to the prolonged baths, to the hot or cold pack, or to medication when used as a remedial measure and not as a restraint.

SENATE No. 313

To accompany the petition of L. Vernon Briggs that instruction be given nurses, attendants and patients in certain State hospitals. Public Charitable Institutions.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Eleven

AN ACT

To provide for the Instruction of Nurses, Attendants and Patients in Certain of the State Hospitals

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. For the purpose of making the position of attendants and nurses more attractive, and to hasten the cure of mental disease and for the more humane treatment of the chronic cases the state board of insanity are directed, on or before August first, nineteen hundred and eleven, to employ teachers at the state insane hospitals, the insane department at the state infirmary at Tewksbury, the state farm at Bridgewater and the hospital at Foxborough to instruct the nurses and attendants in such arts, crafts, manual training and kindergarten work as may be appropriate for the inmates of such hospitals to learn, and said nurses and attendants shall in turn instruct such patients as are capable of receiving such instruction, especially those who are for some reason unfitted to do physical work about the institutions.

SECTION 2. The state board of insanity is authorized to expend a sum not exceeding dollars for each institution for the starting of this work.

SECTION 3. This act shall take effect upon its passage.

We will try to consider these bills separately, though the work upon all three began with the election preceding the year 1911, and more or less of the work upon them was overlapping.

On January 5, 1911, Governor Foss delivered his inaugural to both branches of the Legislature. In it he said:

Another branch of the State's business in which a higher efficiency is demanded is that relating to the wards of the State. During the past year we have spent more than the total amount of the direct State tax in the care of

our charitable and correctional institutions. The tax amounted to \$4,500,000; the expense of the institutions amounted to over \$4,900,000.

While it must ever remain our fixed duty to protect these helpless ones, yet immediate steps should be taken to prevent such a large and increasing number of persons from losing the power of self-support, either through mental, moral or physical sickness, or through that industrial inefficiency which leads to pauperism.

We should seek out all the causes which result in the loss of personal independence and self-supporting power, and apply scientific measures of personal help to all who are drifting toward our public institutions.

This is the greatest problem at present confronting us. In the endeavor to solve it, I call upon all citizens who are properly qualified by training and experience to advise the executive office freely, as a matter of public duty. I shall also at the earliest possible moment secure the services of the most competent experts, with a view to recommending the necessary legislation.

Such letters as the following from the High Commissioner of Lunacy of Scotland are among many I received which encouraged me:

8 DARNAWAY STREET, EDINBURGH, 17 April, 1910.

MY DEAR DR. BRIGGS: — I was much interested in the printed documents you so kindly sent to me recently, especially in the bill which has now become law in the Commonwealth of Massachusetts for the establishing of a Psychopathic Hospital. I observe with particular satisfaction that the new law is associated with your name. I congratulate you upon the achievement of a glorious purpose after a protracted struggle, and upon the immortality which your association with such a measure of reform necessarily confers upon you. I wish we could so successfully follow in your footsteps! No doubt, in one sense, you had a stronger case as revealed by the statements of your witnesses regarding the incarceration of the insane together with the worst malefactors. One of the reasons of our non-success is that from one humanitarian point of view we have advanced so far that there is no sufficient stimulus to move public opinion towards a better medical and scientific position. But we live in hope.

Is there any chance of your coming to Europe this summer? There is just a possibility that I may be elected President of the Medico-Psychological Association which meets in Edinburgh in July. If you are here I should be delighted to welcome you. If any American medical friends are thinking of Europe you might direct them towards the meeting.

Yours very sincerely,

JOHN MACPHERSON.

On January 9, 1911, Dr. H. Letheby Tidy, of the Nervous and Mental Clinic of the London Hospital, wrote me:

I must congratulate you on the splendid work which you are doing medically and the results which you have achieved. It must be very pleasant to see the results coming one after another, although I know each step must mean a great deal of hard work.

I have read your paper dealing with delirium tremens with great interest. There is the same difficulty in England, where every one tries to push such cases on to some one else. Generally they end by being locked up until they are quiet, or being sent to a general ward in a Poor Law Infirmary.

I do not quite agree that the rarity of general paralysis in Turkey is due to so little alcohol being drunk. In Turkey very little treatment is carried out for syphilis, and tertiary syphilis is very common. Now I am sure you will agree that it is extremely rare to see a case of general paralysis or tabes with scars of tertiary syphilis. I believe that para-syphilis is due to a long-continued action of a small amount of toxin, which accounts for its frequency in cases which have been treated, and hence its frequency in civilized as opposed to uncivilized races. The paralysis in diphtheria has been explained by Ehrlich on such grounds, although of course it is much more rapid.

In England every one is mad over "606." Now that the original excitement is calming down, it will probably find its correct place as a usual drug in early syphilis, to be followed later by mercury. Doubtless we shall soon find unknown dangers in its use.

A man the excellence of whose ideas is expressed in the literature that he has put forth, and in interviews which I was fortunate to have with him, and whom I greatly respect, is Dr. Adolf Meyer, at that time Director of the Pathological Institute, Ward's Island, New York. I might say that it was the inspiration I received from him, through his writings and through interviews which I had with him, that enabled me to carry through some of the best work which I have completed. After being strongly influenced by one of his papers, I asked for a reprint, and he answered:

STATE OF NEW YORK, STATE COMMISSION IN LUNACY
PATHOLOGICAL INSTITUTE, WARD'S ISLAND
ADOLF MEYER, M.D., DIRECTOR

NEW YORK, March 30, 1908.

Dr. L. VERNON BRIGGS, 74 *Mount Vernon Street, Boston, Mass.*

MY DEAR DOCTOR: — I gladly send you a reprint of the paper on "Hospitals," and a brief account of the "after-care," and also a typewritten copy of an article which is printed in the Eighteenth Annual Report of the State Commission in Lunacy, page 160, of which I have unfortunately no reprints, and the copy of which I should like you to return to me. I am very anxious that in keeping with the suggestions contained in the book of Mr. Beers, State societies for mental hygiene should be founded more or less in keeping with my proposition in the typewritten paper — as much as possible with the State hospitals in the center, but giving a chance to all the enthusiasm and freshness of spirit brought to the cause by those who are not "institutionalized."

Believe me,

Very sincerely yours,

ADOLF MEYER.

Clifford Beers, to whom Dr. Meyer referred, had written a book which was the result of his life as a patient in an institution for the insane. The first book he wrote was, I understood, suppressed by his friends, who felt that it was too personal; but there was so much good in it that they persuaded him to rewrite it. He was at first in sympathy with my work, but later, through influences which were possibly too strong for him, he wavered, and I felt that he was not supporting me. I here include one of the many earlier letters he wrote to me.

THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE
39 CHURCH STREET, NEW HAVEN, CONN.

May 29, 1910.

DEAR DR. BRIGGS: — This is the first opportunity I have had to answer your timely letter of two weeks ago. Your criticism was an invaluable one. I had not realized, until you called my attention to it, that I seemed to be taking myself out of the ranks of the militant reformers. So I changed the text of my address. I said, "If I have abandoned the rôle of militant reformer, and

I have *so far as legislative investigations are concerned.*" This leaves me free to again become militant regarding any other phase of the work, and I shall become militant before many months in a way which I am sure will please you. I am to write an article on "Non-Restraint" for one of the leading magazines, and with its illustrations it will be as stirring a piece of writing as I have ever done. This I tell you in confidence.

Another change I made in my address was to say that the work of the Connecticut Society is under the *guidance* of hospital physicians rather than under their *control*, which, in fact, it isn't.

With renewed thanks for your criticism and good wishes, believe me,

Sincerely yours,

CLIFFORD W. BEERS.

I must speak at this time of a faithful and devoted friend of the insane, who gave her life in their behalf, — Mrs. Herbert B. Cushing, wife of the former principal of the Chauncy Hall School. Herself once a patient, she strove from the time she was discharged as cured until her death to better the condition of her fellow sufferers; and with success. She commanded the respect of every one with whom she came in contact; and while she was not always listened to with patience, she never faltered but kept on until she made her influence felt. She had a good friend in Dr. G. Alder Blumer, whose patient she was, and who followed her work with interest and supported it until she died. She was a great help to me in my work and devoted a great deal of her time and strength to the bills that I had before the Legislature.

As early as December 4, 1909, she wrote me:

DEAR DR. BRIGGS: — Alas, that your own experience has been so like mine. I think people are so morbid on the subject of mental diseases in this city. They do not want to hear the word *insanity*.

I have tried to get a little band of sympathetic and philanthropic people at my house and have asked some distinguished alienist, like Dr. Charles Page of Danvers Hospital, to talk to them, and have read them an address by Dr. Blumer, but with no definite result; and I, with you, think associations as

a rule are so enveloped in red tape that quick action is almost impossible, although it may be imperative to take immediate measures for relief.

I agree entirely with you that "fore-care" is more important than "after-care."

Very gratefully for all you are constantly doing, I am

Always sincerely,

HENRIETTA CUSHING.

CHAPTER V

CHARITIES' AID ASSOCIATION. — ATTEMPTS TO FORM SUCH AN ASSOCIATION RESULTED IN EDUCATING THE PUBLIC AND FORMING THEIR OPINION, AND WAS A HELP TO THE PASSAGE OF THE RESTRAINT AND OCCUPATIONAL BILLS. — REPORT OF HEARING ON BILL NO. 289, FEBRUARY 7, 1911. — SECOND HEARING, FEBRUARY 16, 1911. — UNFAVORABLE REPORT. — BILL DROPPED. — AGITATION FOR THIS BILL PREPARED THE WAY FOR THE OTHER BILLS TO FOLLOW

About this time, in the summer of 1910, I sounded the community on the subject of forming a State Charities' Aid Association such as they had in New York, or some like organization, to take hold of the work in Boston. I was strongly urged by Mrs. Cushing and others to form a society, whose purpose was expressed in Senate Bill No. 289, which I introduced to the Legislature in 1911 (for draft of this bill see page 67).

The association in New York had for its president Hon. Joseph H. Choate. The secretary, Mr. Homer Folks, was really responsible for its existence.

I was impressed with the literature of the New York Association; among other things a pamphlet, which was endorsed by Drs. Dane, Ferris, Hoch, Mabon, Russell, Sachs, and Starr, and which was easy for the average layman to understand. From it I quote the following:

Most persons think that insanity may be directly inherited. This belief is undoubtedly wrong. One may inherit a greater or less tendency toward insanity. Mental instability may be inherited, just as weak constitutions may be inherited. Those who have reason to believe that there was *mental* disease in their ancestry should not be unduly alarmed. . . .

It is not work that kills men; it is worry!

Some kinds of insanity are, humanly speaking, and by any methods now known, incurable; others are curable only by proper treatment, and at the right time; still others would often be followed by recovery without special treatment, if the surroundings were favorable.

Mrs. Cushing, who was doing most of the work to organize a Massachusetts State Charities' Aid Association, wrote me that William Copley Winslow, D.D., had consented to become one of the incorporators and supporters.

A meeting of those interested in forming such an association was held at a club room at 585 Boylston Street. It was largely attended and every one was enthusiastic. Later I felt the influence of the people who were opposed to my activities. For instance, Miss E. V. H. Richards, after I had explained the purposes of the proposed association to her, consented to sign the petition and became one of its supporters; but on January 13, 1911, she wrote that although she had promised to sign, she could not do so without knowing more about it. Of course, as there was nothing to know more than she had already been told, it was evident that she had been frightened by certain influences. This is only an example of the change of heart of a number of the original enthusiasts.

A letter from Archbishop O'Connell, dated January 4, 1911, said:

I have received your note inviting me to join the Massachusetts State Charities' Aid Association, and I thank you very much for the invitation, which I accept with great pleasure.

I shall be very happy to be of any service that I can.

Homer Folks had promised to come to our meeting to favor the bill; but being a very busy man he did not

keep the appointment, and I was obliged to put the bill in the Legislature before receiving the benefit of such education as he could impart to the public, as the time for filing bills would have expired had I waited longer. I therefore wrote him as follows:

BOSTON, January 16, 1911.

Mr. HOMER FOLKS, *United Charities Building, 105 East 22d Street, New York City.*

MY DEAR MR. FOLKS: — I have been expecting and hoping to see you and have you talk to a group of people before it was too late to put bills into our Legislature. Your letter of November 8 spoke of your coming early in January. I wanted you to tell a few people here about the splendid work of the Charities' Aid Association in New York, and educate them up to doing equally good work here.

I never dreamed that there would be any opposition to a society to be formed along the lines of one which has stood for all that is best and most advanced in the country. So your not coming in time forced me to put a bill in for incorporation along the same lines as your association.

Although I only put the bill in on Saturday night, and although it is signed by several good citizens who understand the work, including Rev. Dr. Alexander Mann of Trinity Church, who was worker in the society in New Jersey for many years, there seems to be a strong opposition already, yes, within twenty-four hours, from members of the State Board of Charities.

I am sure, from my talks with you, you will appreciate that it is my intention not to duplicate work, but rather to cover ground which is not already covered by existing bodies. Therefore, whatever there is in the New York incorporation or by-laws which it seems best to eliminate in Massachusetts can be easily done before the bill comes to a hearing or a vote, and it is my desire not to plan for unnecessary work. There is certainly enough necessary work.

There are two things I want to bring out very strongly. One is that we have no similar association, and the other, that we have no organization that can do what the State Charities' Aid Association will be able to do. Later I want to consult you, to help me to distinguish between what is the expected and natural opposition, and what is the righteous opposition. This I am sure you can help me about. I want to be firm as to what is best and right in the future, even though others don't see it for the moment; but I do not want to be obstinate or unreasonable where there is opposition which is legitimate and intelligent.

Thanking you for your past interest in my work, and trusting that you will renew your interest and give us your presence as soon as convenient, I remain,

Sincerely yours,

L. VERNON BRIGGS.

Mr. Folks answered:

NEW YORK, January 19, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS:— I am not surprised that there should be some opposition, and perhaps strong opposition, to the establishment of a State Charities' Aid Association in Massachusetts. I have no definite plan in regard to going to Boston, but Mr. Stone, of the Boston Association for the Relief and Control of Tuberculosis, is in touch with their local plans, and will know whether a meeting of any sort in connection with the National Conference of Charities is being arranged which will require my presence at any time during the months of January or February. I am,

Sincerely yours,

HOMER FOLKS.

On January 19, in answer to a request for active support, Ex-Governor Curtis Guild, Jr., wrote us:

I deeply sympathize with the movement in which you are interested and believe it to be wholly admirable.

On January 25 I had a very satisfactory interview with Archbishop O'Connell, and he directed Monsignor Splaine to assist at the hearing in March, and again to attend the hearing before the Public Charitable Institutions Committee on April 11.

On January 28 Dr. Charles Fleischer wrote that he would serve us in any way we wanted; that we could count on him to support the measure.

A second meeting was called by the following notice:

You are cordially invited to attend a meeting to be held at 585 Boylston Street, at 4 P.M., on Wednesday, February 8, 1911, of those interested in improving the condition of the insane in our public institutions, and encouraging work along the lines of employment and self-support.

Dr. G. Alder Blumer, Archbishop O'Connell, Rabbi Fleischer, Homer Folks of New York, and others, will speak a few minutes.

Nothing is going to be demanded of you, but your presence is earnestly urged that you may decide for yourself if perhaps this is not the most important work before us today, resulting, we trust, in the saving of much intelligence to the community and tackling a serious economic problem of our Commonwealth.

Miss Frances Curtis wrote Mrs. Cushing a rather neutral letter, as if she feared something:

28 MOUNT VERNON STREET, February 5.

DEAR MRS. CUSHING: — Thank you for writing me about Dr. Briggs' bill. I did hear that the bill was not going to be enacted as it was printed, that is to say, that the charitable institutions were not to be visited, but only the insane hospitals. I have heard what splendid work you have done for the insane on their discharge, and I agree with you that a great deal more should be done. My own feeling is that it is a pity not to start such a work as you have done with a good committee, and then allow it to develop and be officially recognized in natural order, instead of making a big organization, which somehow *sounds* antagonistic to the powers that be (even though it is not), and having the actual work follow slow and suspected. From what I have heard Dr. Copp say, he would welcome the help of a volunteer committee and would do all in his power to support it.

I have always been much interested in the work that Dr. Fish began, and hoped that it would be extended.

Sincerely yours,

FRANCES G. CURTIS.

There developed an opposition from the State Board of Charity and even others, which we first sensed in Miss Curtis' letter, and on the same day Dr. Jeffrey Brackett wrote as follows:

41 MARLBOROUGH STREET, February 5, 1911.

MY DEAR MRS. CUSHING: — I thank you for the leaflet on better care of the insane.

Answering your letter, the State Board of Charity has not taken, nor is it likely to take, so far as I now see, any action, as a body, on the bill for the incorporation of a State Charities' Aid Association. So far as that bill relates to the insane, our Board would not in any way "butt in," for that matter comes under our sister board, the State Board of Insanity.

As to visitation and inspection of State charitable institutions and almshouses, our Board would not wish to seem to oppose any reasonable visitation by proper persons. But all those institutions are now regularly visited by our Board and by officials under it, and the almshouses, in addition, by volunteer visitors. I assume that our Board would be ready to increase such visitation if that be desirable. There is certainly no need of any new organization for that.

Some of the other members of the Board may feel as I do, as an individual, that the best way of accomplishing your particular purpose of helping the

insane is to form a committee or association for that very purpose, and so to name it. An interesting illustration of just such action was the Massachusetts Association for Promoting the Interests of the Blind, which is now working in co-operation with the State Commission for the Blind.

I am familiar with the history and the work of the State Charities' Aid Association of New York. When it began, it filled a large and empty field. Its work has been notable. To my mind, however, conditions here today do not call for the duplication of just such an organization. With your particular interest — the improvement of the condition of the insane — I have most hearty sympathy. I believe that much can be done for them, especially in co-operation with the Board of Insanity. An interesting illustration of what should be done and probably can be done for them may be seen in the recent action of the Trustees of the Foxborough Hospital for Inebriates in starting field work with after-care and prevention under Dr. Horgan.

Believe me to be,

Very sincerely yours,

JEFFREY R. BRACKETT.

The services of R. W. Hill as attorney for the petitioners of Senate Bill No. 289 were contributed by Putnam & Bell, counsellors at law, of 60 State Street. William M. Putnam was very much interested, and, not being able to personally attend, he sent Mr. Hill, a most courteous act. His able services did not end in success, but nevertheless they were fully appreciated. He was very much encouraged after the hearing, and wrote me:

I believe that with proper letter writing and interviewing on the part of yourself and friends, to supplement the work of the hearing, we shall be able to convince the members of the committee of what we want.

The first hearing on this bill was on February 7, 1911, at 11 A.M. in Room 431, State House. It was gratifying to me that one member of the Board of Insanity, Mr. William F. Whittemore, had the courage to come forward as an individual in favor of the proposed progressive measure to assist the existing machinery in handling this great problem.

The report of the hearing was as follows:

HEARING BEFORE THE COMMITTEE ON MERCANTILE AFFAIRS IN RE AN ACT
TO INCORPORATE THE MASSACHUSETTS STATE CHARITIES' AID ASSOCIA-
TION AND TO AUTHORIZE VISITS BY IT TO THE STATE CHARITABLE
INSTITUTIONS

Senator John E. White, Chairman

R. W. HILL, ESQ. Mr. Chairman and Gentlemen of the Committee: We appear before you today —

THE CHAIRMAN. Are you the attorney for the petitioner?

MR. HILL. Yes, sir.

In view of what the petitioners consider the comparative importance of this matter, we are going to ask a little consideration by the Committee at what length you feel able to give it. We know the Committee is busy, but we would like to have the matter gone into at a little length, because it is, it seems to me, a matter of very great importance, not only because of the people who are backing it, but because of what it aims to accomplish and the subject-matter of the bill, which is before you and familiar to you all; also in view of the fact that in the last published report of the State Board of Insanity 15,000 people in the State are under the control of that State Board. In view of the fact that in one year the number of admittances to the State institutions for the care of the insane was 4,402, and in that same year the number discharged was 3,894, — an increase, as you will readily see, of nearly 500, — the petitioners feel that the matter is of considerable importance.

The problem of caring for those outside the institutions will readily be seen to be a serious problem, and it is to some extent to aim at this that the petitioners are bringing this bill. In 1908 the State Board of Insanity, in one of its reports, stated that the number of those admitted to the State institutions for the care of the insane could be reduced by about 500 if proper agencies were provided for the care and attention of the people outside the institutions, who were no longer tenants, or who were liable to be committed to them. Now this issue is presented by means of this bill. It is, so far as I know, one of the first organized efforts by volunteers, in the State, to care for the insane in the State, — a large branch of the State's activities and an important element in the population of the State. Other branches of charitable work have been attended to, but no organized effort by other than a State board has been made to care for this large number of people, and so by means of this bill, and the association which we ask to be chartered, the petitioners hope to make an organized effort to care for these people.

Now this association is a volunteer organization which will enroll, before its work is more than begun, thousands of citizens of this State, — public-spirited citizens, all working for the interests of the insane and for the interests of the State. They are doing it because of their interest in the subject. The names of the incorporators show the importance which they attach to the movement, the names appearing in section 1 of the act. Many more since the bill was filed have stated their sympathy with the movement and their desire to be enrolled as charter members, or as early members, of the

organization. It will be a volunteer movement, and as you will learn from the bill in section 3 it will be a semi-official body by virtue of its relation to the courts of the Commonwealth, the visitors of this association to be appointed by the courts and regularly designated to serve for one year.

This bill is drafted in accordance with the law now in existence in the State of New York, where a society by a similar name has been in existence for many years, doing work along these same lines. That society at the present time is doing work along the broad lines covering all charitable institutions, as well as the care of the insane. Our idea in starting this movement is to apply it to the insane of the State. The petitioners are interested primarily in the insane, but we desire to make the bill broad because we know that the purposes of this association, and the work which this association can and will do, will justify, in the course of time, an extension, possibly, to cover the broader field.

We aim to prevent the increase of insanity, and we aim to do that by careful study by committees which will study means of prevention, and by committees which will render assistance whenever the opportunity offers by suggesting and by taking steps looking toward the actual prevention of insanity. Statistics have shown that a large percentage of the insane cases are preventable.

We aim, further than that, to attend to the after-care of patients who have been in institutions and have been discharged. The number discharged from the institutions during the year is a surprisingly large number, and it is those people, to some extent, whom we want to reach, the people who, when they are discharged, are turned out into the world, without, necessarily, a friendly hand, with no one interested to help or to assist them. The fact that 1,600 on an average, in a year, go back for the second, third, fourth and fifth times to the institutions shows the need of a friendly hand outside of State institutions ready to give them a lift, ready to take some interest in them and protect them. And that is another thing which this association aims to do.

With the permission of the Committee I will interrupt what I have to say, in order to ask Mr. William F. Whittemore, who is on our State Board of Insanity, to say a few words. He must leave in a very few minutes. May I do that?

THE CHAIRMAN. Yes.

MR. WILLIAM F. WHITTEMORE. Mr. Chairman and Gentlemen: I am very glad of the opportunity which has been given me of saying, as an individual, and not as a member of the State Board of Insanity, — because I have no official authorization to express my opinion, but if you will allow me to say for myself, — that it seems to me that any movement which will interest the public, and those who are busy in social work on behalf of the public, in this great subject is desirable. The work of the New York institution — of the New York Association — to which reference has been made, has been admirable, I am told, in every way, and an organization in this State which should effect similar results, an organization which should in-

terest a large number of social workers, especially volunteer workers, in the care, before and after, of those who are threatened with this disaster, would be a most desirable thing.

I have not studied this particular bill, and perhaps may not be competent to pass upon its provisions, as I might had I given it careful study; but I am glad to be counted as favoring any movement, carefully considered, which shall serve the end which this bill evidently has in view. We want to interest the public, we want to interest the medical profession, more than before. Both are being interested more than ever in this great subject. Much can be done in the way of prevention. A great deal can be done in the way of assistance in after-care, and a large corps of properly and carefully organized volunteer workers would help admirably to this end.

I thank you for giving me this opportunity to speak a few words.

MR. COX. Mr. Whittemore, does the State Board of Insanity have charge of the various asylums, or insane asylums?

MR. WHITTEMORE. Yes, so far as the advisory capacity goes. Of course, each board of trustees has absolute control of its particular institution.

MR. COX. Do I understand that you have not read this bill?

MR. WHITTEMORE. I have read it, yes.

MR. COX. Well, does it occur to you that there might be more or less friction if an official of a semi-public society was allowed to go to the asylums, and the officers of those asylums should be compelled to give him every possible facility to make a thorough examination, etc.?

MR. WHITTEMORE. Well, you understand, I am not here to discuss the details of the bill. I do not feel competent to do that at all. I am glad simply to express my wish that any legitimate method should be employed which would increase the interest of the medical profession, and of the public, in the subject. Now whether this bill does it or not, I do not feel competent to say. It must be for those who are nearer experts than I.

MR. COX. Well, do the members of the State Board of Insanity have about as wide a knowledge of the management of those institutions?

MR. WHITTEMORE. Well, as a member of the State Board I am not authorized to speak on that.

MR. COX. Well, I am asking you as an individual.

MR. WHITTEMORE. Well, I could not give an opinion as a member of the State Board.

Mr. Hill then introduced Mr. Henry Lefavour, president of Simmons College, and also a member of the Board of Trustees of the Boston State Hospital.

MR. HENRY LEFAVOUR. While, Mr. Chairman, I am trustee of the Boston State Hospital, I of course cannot appear in an official capacity, because I don't know anything about the opinions of the other members of the Board. I want, however, as an individual who has had an official relation with this very large and difficult problem of caring for the insane, to speak in favor of the general purpose of this bill. This is an organization of an outside association from the people, who shall be in sympathy with, and be ready to lend their

aid, in some aspects of the problem of caring for the insane. No one can be connected with the work without feeling very sure that the problem is not limited to the walls of the hospitals. The question of after-care, to which reference has been made, is of the greatest importance, and the anticipatory care is perhaps even of greater importance. We want, if possible, that the patients who leave the hospitals may not have occasion to return; and, of course, we want to lessen the number of those who must come.

Now I am going to speak only of one particular phase which I think this association is going to meet. We are constructing, as you know, a large observation hospital in this city as a department of the Boston State Hospital; that is, for the immediate study and observation of new cases, to determine the condition of the patients and the best disposition that may be made of them. Now one of the departments of that hospital is to be known as the social service department; that is, we had in mind the organization of a similar corps of volunteer workers, if we could find them, for doing the very things which this association is proposing to do; that is, to follow the patients to their homes, and to ascertain the history of these patients, to find the conditions which can palliate the troubles which lead to the application of the patients, and especially in connection with the out-patient department, for we intend to establish there an out-patient department. That is, those who feel themselves in trouble, mental trouble, instead of waiting for the case to pass on to its climax, can come to see what the trouble is, just as an out-patient goes to the Massachusetts General Hospital or to the City Hospital to get immediate relief before becoming so ill that he has to be taken in the ambulance. Now for that purpose we are going — we must depend upon volunteer workers, and I believe that this association — although I don't know that it has been in the minds of the association — I believe that this association will be ready to give us that service which we must have — volunteers who are willing to care for those who are outside the hospitals. As to the details of the bill, of course that is another question, but for the general purposes of this association I think I could speak with the greatest favor.

MR. TIMILTY. You spoke about an observation hospital. Is this one where mild cases would be observed?

MR. LEFAVOUR. It is for the observation of all cases in the metropolitan district; that is, they would come there and be examined, and as soon as their cases would be studied they would be transferred to the regular hospitals, and those cases which would yield to treatment could be relieved and returned home. That is, it is merely a receiving hospital, instead of a permanent one — just, for instance, as the police do on finding a patient — carry him to Dorchester immediately. They can take him directly to that hospital, just as when they pick up a man with a broken leg they take him to the Relief Hospital.

MR. SULLIVAN. Do I understand that the Board, after a patient has been discharged from the hospital — that the Board severs its relations to the patient?

MR. LEFAVOUR. If the patient is actually discharged, yes, sir.

MR. SULLIVAN. And the questions that Senator Timilty asked you about this observation hospital — when a patient is taken there he is under observation daily?

MR. LEFAVOUR. Yes, sir.

MR. SULLIVAN. And after a patient has been dismissed, or discharged, what benefit would derive to the city, as a community, from the appointment of a volunteer to visit him and follow him to his home, or her home?

MR. LEFAVOUR. Why, simply the chances are that in many cases the patient does not come under favorable home conditions, and the difficulties which are provoking the malady may be still existing, and the friends of the patient may be ignorant of that fact.

MR. HILL. We base this bill largely upon the experience in the State of New York. If we were coming here with a new scheme, something untried and unheard of, we should necessarily have to go by theory only, but we have actual experience in other States upon which to base our statements. We have the experience in the States where the thing has been an assured success. I have a letter which I shall read, from a man who has been familiar with the work in the State of New York, practically since its inception, and who is enthusiastic as to the actual accomplishments by this Board, or this association, in that State, and we come to you —

MR. COX. Is this a copy of the New York act?

MR. HILL. To a large extent, yes. The essential features are taken direct from the New York law. The matter of the visitors is taken from them. Dr. Briggs, when he speaks, will go into the question of the character of the visitors and the relations between the visitors and these other institutions. Now we have tried to show the necessity of this matter. Before I call on others, I would like to read a letter from Dr. G. Alder Blumer, physician and superintendent at present of the Butler Hospital for the Insane, in Providence, R. I., late president of the American Medico-Psychological Society of the United States, and superintendent of the Utica State Hospital, New York, for many years. He states — and I will have a draft of his letter included in the report of the meeting, so that the Committee can see it in full — he states in the most enthusiastic language the fact that this association has worked in harmony with the existing institutions. The relations have been the pleasantest, and the results have been most satisfactory, in the accomplishment, both in prevention and in the after-care, and in the care of those at present in an institution. Dr. Blumer writes:

"You wish me to bear testimony to the work done by the State Charities' Aid Society of New York, and that I now do most willingly.

"The State Charities' Aid Association is an organization whose officers are prominent in philanthropy through the State of New York. It has an excellent committee on the insane, and fifty-six legally appointed visitors to State hospitals. These ladies and gentlemen visit the State institutions at stated intervals, and embody the results of such visitation in reports to the State Commission in Lunacy. They have no authority, I believe, to enforce their recommendations, but the moral influence of their visits and reports is very great.

"The State Charities' Aid Association is entitled to credit for many reforms in the care of the dependent insane in New York, the greatest of which is the adoption of the State Care Act, whereby the dependent insane became the wards of the State. While this measure of reform was carried through the Legislature by the State Commission in Lunacy, it was the State Charities' Aid Association that made the legislation possible by its intelligent and unceasing labors on behalf of the dependent insane.

"My relations as superintendent of the State Hospital at Utica with the State Charities' Aid Association were always most cordial, and I have always felt indebted to that noble army of good men and good women who appeared at a critical juncture as an important factor in all questions relating to the care, treatment and custody of the insane, and held out a helping hand, without officious interference, to the medical men in the service whose sympathies were enlisted in the same cause."

MR. HILL (continuing). Now we have letters from ladies and gentlemen who desired to be present, but could not, and wished to be regarded as in sympathy with us. Before the hearing closes I desire to read their names, in order that the Committee may know the character of those who are with us in sympathy.

Now I am going to ask Dr. L. Vernon Briggs, the author of the bill, who is at present the physician of the mental department of the Boston Dispensary, a member of the research committee of the American Association of Clinical Research, a member of the National Association of Corrections and Charities, and a man who has devoted years to the study of this very problem, to speak upon this bill at the present time.

DR. L. VERNON BRIGGS. I would like to add the names of the incorporators who have joined since this bill was drawn up. There are three or four. Some of them are familiar to you. There is His Grace Archbishop O'Connell, and we have four letters from him here, if you would like to read them, Rabbi Fleischer, and several others who have looked into this matter very carefully, and have become incorporators of the bill.

We appear before you as petitioners for the incorporation of an association to aid and promote the improvement of the mental, moral and physical condition of the inmates of our public institutions where the insane are confined. But most important of all the work which the association proposes to do is along the lines of the prevention of insanity and the after-care. Intelligent and effective work for the prevention of insanity should reduce the expense to the State by preventing the increasing numbers who now come under its care and support. The problem of insanity is by no means solved by the segregation of the cases in large institutions.

In 1906 the Conference of Superintendents of the State Hospitals for the Insane, in New York, met and requested the New York State Charities' Aid Association to organize a system of after-care for the insane, and to put it into practical operation. It passed a resolution "That in the opinion of this conference it is desirable that there shall be established in this State, through private philanthropy, a system for providing temporary assistance and

friendly aid and counsel for needy persons discharged recovered from State hospitals for the insane."

The co-operation has been complete and most satisfactory. As Dr. Adolf Meyer, late pathologist to the Manhattan State Hospital, and at present head of the Psychopathic Hospital of the Johns Hopkins University, says, "In the after-care the association has the valuable work, in the first place, of encouraging and organizing in each community persons capable of spreading sound information concerning what the State can and will do for victims of mental disorders. The encouragement and organization of individuals who will have enough interest in the cause to help the hospital physician get at the correct estimate of the conditions under which the patient was wrecked, and to which the patient shall be discharged; *i.e.*, persons to be appealed to in obtaining direct information. Third: Persons who will be willing to relieve the tension between the public and hospitals, usually based on misinformation. Fourth: Persons who have a sufficiently wide acquaintance with the opportunities of a locality for drawing a recovered patient as rapidly as possible into a healthy and wholesome environment."

The association is to consist of members of the Central Association, all members of County and City Visiting Committees, of Visitors to State Charitable Institutions, especially to State hospitals for the insane, of Corresponding Members and of Contributing Members, both men and women.

The objects of the association are:

1. To endeavor to educate the public in regard to those causes of nervous and mental diseases which are preventable.
2. To devise and inaugurate preventive measures for the benefit of nervous persons who, without such assistance, might become insane.
3. To provide temporary assistance, employment and friendly aid and counsel for persons needing such aid who have been discharged recovered from State hospitals for the insane.
4. To co-operate, as far as may be possible, with the managers, superintendents and other officers of the State hospitals, with alienists, neurologists and others, in well-devised efforts for the prevention of insanity and the after-care of the insane.
5. To organize and maintain a Committee on Mental Hygiene for each State hospital in the State of Massachusetts, to be composed of members of the State Charities' Aid Association, residents of the district or districts from which the hospital receives its patients, and, as *ex officio* members, two or more trustees and the superintendent of the State hospital of the district.

Adolf Meyer, M.D., writes me that he believes in this work of prevention and after-care done by societies outside of the present organizations, and adds "giving a chance to all the enthusiasm and freshness of spirit brought to the cause by those who are not 'institutionalized'."

"In 1829 Lindpainter, director of the asylum at Eberbach, organized the first after-care society. Within half a century the guardianship of the convalescent insane has made wonderful progress. Guardian societies and after-

care committees are in successful operation in England, France, Germany, Japan and several other countries."

A campaign for the prevention of insanity in the State of New York, which is being carried on by the State Charities' Aid Association, was inaugurated at the Academy of Medicine, at a meeting held under the auspices of the Section on Public Health of the Academy of Medicine. Dr. A. W. Ferris, president of the State Commission in Lunacy, Prof. M. Allen Starr, a noted alienist, and Homer Folks, secretary of the State Charities' Aid Association, were among the speakers. This is only a beginning of the education of the public to their duties toward the insane and an intelligent and thoughtful view of what should be done for them. Professor Starr, among other things, said the records of American hustle are to be found in the insane asylums.

Today we have 14,374 persons under the supervision of the State Board of Insanity. That is 1 person to every 231 of our population. The insane are increasing at the rate of over 400 a year. The cost of the insane to the State for support is over \$3,000,000 a year. The average annual appropriations for the new buildings and improvements for the insane for the last ten years have been considerably over one-half million dollars a year. We have a bonded indebtedness on account of the insane of \$6,000,000, and the valuation of our insane institutions, in 1910, was over \$12,000,000.

It is my opinion that if the State of Massachusetts had properly housed and cared for its mentally ill people, especially the acute and early cases, twenty years ago, our insane would today be on the decrease instead of on the increase, and our expenses for their custody and care would be less each year instead of increasing at the enormous rate of the last few years. Improving the conditions in the institutions, re-educating and giving proper employment and instruction to many of the patients, hastens their cure and also increases the wage earners, and makes it possible for many to be discharged and take a certain place in the world that is self-supporting.

In interpreting the causes of insanity, the State Board tells us that in 66.87 per cent of the cases committed insanity was from physical causes, and in 25.74 per cent the cause was unknown. This gives a total percentage of over 90 per cent, half of which, at the least calculation, are preventable, and it is just for this work that we are asking for an incorporation of the State Charities' Aid Association. No one desires field work for the prevention and after-care more than does the State Board of Insanity, and the carrying out of any plan which would induce the early cases to voluntarily place themselves in relation with general or other hospitals.

To again quote Dr. Adolf Meyer, he says: "To simply deplore from year to year the increase of insanity, and to get into periodic panics over the necessity of building more hospitals, is not doing the work at the right spot, and to the best advantage. . . . It is necessary to go to the root of the evil, even if we come too late for prevention in a special case; to straighten out the environment; and to prepare the patient to be able to meet reasonably those difficulties which cannot be removed."

William L. Russell, M.D., late inspector of the insane hospitals in the State of New York, and now superintendent of one of its State hospitals, says: "In fact, the public has not yet grasped the facts clearly enough to have learned to demand for the insane much more than protection from abuse and gross privation. Only a comparatively few persons have given sufficient attention to the subject to have gained an intelligent insight into the conditions from which the inmates of the institutions really suffer and as to what should be done to bring about cure, amelioration, and prevention. . . . There is almost total lack of provision for the temporary care of insane persons previous to their commitment or for their safe return to ordinary life after their discharge."

And I would add that today there is no committee, there is no association, and among the hundreds of organizations of charity in this State of Massachusetts there is not one, that has taken up with the insane. They have taken up tuberculosis and all the different phases of pauperism. The superintendents of the hospitals, so far as I have talked with them, are welcoming this very thing. The visitors appointed by the judge can do things. If they are volunteer visitors they have no standing. They may be busybodies, they may be mischief-makers, but in an association of such character as we propose here, the Archbishop and the leading people right through are nominating people who are not busybodies — judicious people. If the State hospitals for the insane object to the nomination they go to the judge of the district in which that appointment is made and complain to the judge that this person is *non persona grata*, and the judge sends word to nominate some one else. We cannot force upon any insane institution any appointment without the consent of the judge of the Superior Court.

MR. COX. Have we ever had any investigations here in Massachusetts without this Board?

DR. BRIGGS. Well, I could refer you to the Lyman School and other institutions. There is quite a number, yes.

MR. COX. You said some others. What are the others?

DR. BRIGGS. Well, there is Tewksbury, and since then there have been more or less. There are two cases in court now for abuse.

MR. COX. In schools or institutions?

DR. BRIGGS. One, I think, in the western part of the State and one in Worcester —

MR. COX. Any of them in insane hospitals?

DR. BRIGGS. Yes, Tewksbury has 700 insane. That is one I mentioned. But this is to be entirely outside of the State hospitals, of course. The work of the association is the after-care and prevention, and why superintendents and why trustees welcome this thing is because they will have a body back of them to appeal to, which is going to investigate and report all that is wrong, and which is absolutely unprejudiced, whom they can call upon to investigate, which stands between them and the malicious person, and at the same time stands between the public and abuse. I don't think you will find a superintendent of any insane hospital in Massachusetts who will oppose this bill. A State Board of Insanity member, an institutional man in one of the largest hospitals, came this morning, and voluntarily, to favor this bill.

THE CHAIRMAN. What was the result of that investigation in Tewksbury?

DR. BRIGGS. Why, everybody was discharged. I don't like to refer to those things because that is the sort of thing this association is supposed not to do. It is supposed not to prejudice public opinion. It is supposed to get at the facts and see that justice is done without publicity, and that justice is done to all.

MR. COX. Have you, in the past, taken occasion to criticize some of the members of the Insanity Board?

DR. BRIGGS. I think we all criticize the amount of work done, because we want more work done. It is not a matter of criticizing so much as it is a matter of urging more and more work done.

MR. COX. But it is true, isn't it, that you have attacked some members of the Board?

DR. BRIGGS. I would like to read a letter in answer to that very question, which I think explains itself.

THE CHAIRMAN. Well, will you submit that letter to us?

DR. BRIGGS. I would very much like to read that. It will answer all the questions. It is not long. This is a letter from the State Board of Insanity, dated December 30, 1910. [Reading.]

"Your letter of the 22d inst. to the Board of Insanity was duly received and considered at its meeting on the 29th. The Board desires to express its cordial sympathy with your ideals as to the employment of patients, their improved classification, the isolation of tubercular patients, the need of a better class of nurses and attendants, their careful instruction and training, and the more intimate relation of the hospital and its physicians with the family physician of the patient and the medical profession in general.

"The Board has been interested and active many years in all these directions, and believes that all the trustees and superintendents of the institutions have likewise been diligently at work along the same lines with a gratifying degree of success and accomplishment, although all keenly feel the need of continued and renewed effort and especially the active co-operation of additional workers, particularly of physicians like yourself. The great need lies in the direction of constructive effort.

"If you have any specific suggestions to make in regard to any of these matters, the Board would be glad to consider them and to co-operate with you so far as it is in agreement. It hopes, however, that you will not be deterred from taking any independent action which may seem to you desirable. Respectfully, Owen Copp, Secretary."

THE CHAIRMAN. Now is there any other person you would like to introduce?

MR. HILL. Simply in answer to the query as to the relation between the Board of Visitors and the officials and trustees of the institutions, if the Committee desires, I should call on Dr. Earl E. Bessey, who was connected for six to eight years as assistant physician of the Danvers Insane Hospital. He is thoroughly interested in this matter and thoroughly in sympathy with it. If the Committee cares to listen to a word from him in answer to that doubt, I should be very glad to call upon him.

DR. EARL E. BESSEY. Mr. Chairman, having been connected with a State institution for several years, I know the hardship and also the amount of work that the assistant physicians and superintendent have to do, and it seems to me — in fact, I know — that while I was assistant physician I would have welcomed a visitor who would have come to the hospital and assisted and co-operated, and not opposed the methods. I understand that this society intends to co-operate with existing methods, and not to oppose them, and I believe that the superintendents of the hospitals would heartily welcome a helping hand, and that is what the society proposes to do. The after-care, I think, is very important, especially. I know there are a great many patients in the institutions today who, if there were some people who were interested in the right way, could be discharged from the institutions. We often have patients whom it is not wise to discharge from the institution while there is nobody who can be responsible for them. There is nobody who can take any care of them when they go out, and if there were some people who were intelligent, who would take some care, and be somewhat responsible for them, they could be discharged, and the State would not be supporting the number of people that it is.

MR. HILL. Now, Mr. Chairman, unless some one has any questions they wish to ask Dr. Bessey, I will simply say that many more ladies and gentlemen have come here to the hearing to show their interest and to be willing to say anything if they were asked. Dr. Henry M. Chase, surgeon of the Boston Dispensary, is here, and very intimately connected with questions of this sort. I have read a letter from Dr. Blumer. I have a letter from the Hon. Curtis Guild in which he says: "I deeply sympathize with the movement in which you are interested, and believe it to be wholly admirable."

The Rev. Alexander Mann, D.D., rector of Trinity Church, former member of the New Jersey State Charities' Aid Association, says: "I should like to say that I have served for several years as a member of the Essex County Branch of the State Charities' Aid Association in New Jersey, and came, as a result, to the conclusion that the association did the State great service. I think, therefore, that an association based on the same general lines would be found useful in Massachusetts."

A letter from the Hon. Albert D. Bossom, judge of the Chelsea Police Court, president of the County Savings Bank and president of the Hood Rubber Company, states: "I am heartily in favor of the bill to incorporate the Massachusetts State Charities' Aid Association, having been concerned for many years in the commitment of insane persons, and realizing the importance of disinterested work on behalf of such unfortunates. Knowing the unselfish motives of those interested in this measure, I believe the incorporation of such an association with our State boards will be of incalculable benefit to the Commonwealth and its poor and insane wards."

His Grace Archbishop O'Connell says in a letter: "I have received your note inviting me to join the Massachusetts State Charities' Aid Association, and I thank you very much for the invitation, which I accept with great pleasure."

A letter from Mr. Frederic H. Curtiss, cashier of the First National Bank of Boston and one of the incorporators of the Boston Floating Hospital, also one of the incorporators of this association, says: "I have followed to some extent the work being done by a similar organization in the State of New York for the past six years, and believe that there is great need for such an association in Massachusetts, especially so as it does not conflict with any work now being done by any State board or other association, and should be a great help to existing boards. I believe that such an organization as the incorporators have in mind will not only be a great benefit to the many helpless people under the State's charge, but will in time result in a great saving to the State."

Mr. J. G. Thorpe, president of the Massachusetts Prison Association, Augustus L. Thorndike of Brewster, and Edward R. Mason, president of the Boston Dispensary, have also all written letters. The letter from Mr. Curtiss is addressed to you, Senator, and I will give it to you at the close of the hearing.

THE CHAIRMAN. Would any of the people who are present throw further light on the subject? If they would, I would be very glad to hear from them.

MR. HILL. Mrs. Henrietta Cushing, who has devoted her life to the care of the insane, is here, and would be very glad to say something. She might be able to throw some light upon some of these questions, because of her intimate acquaintance with the subject.

MRS. HENRIETTA CUSHING. Yes. I am the one who hears the stories of the broken hearts. I suppose the superintendents also hear the story of broken hearts, but they do not have time to hear the tragedies of 2,000 broken hearts. Now I do not, in each hospital, hear the broken-hearted stories of every patient, but for the last ten years I have been one of those to go and hear the tragedies. Every life in a State hospital is a tragedy more or less, — families broken up, children separated from their parents, and all sorts of unhappiness, and this is the root of their suffering, — their unhappiness in passing through the portals of an insane hospital. That is the house of despair to them. Now they want somebody to come, not officially, although the officials have their hearts, as I have, in sympathy with them, and the State Board of Insanity, with its eminent chief executive officer, Dr. Copp, is in sympathy with them, but they need more. They all tell me the same thing. I go there as a friend, to help them, as well as the people under their care, and in summer I open my home in the country to these very cases that Dr. Bessey has told you about, who have no places to go to. They might go home, but they have no homes.

Who is going to help them? We come forward with our hands open to them, and our purse strings at their disposal. I only ask this in the name of the State Charities' Aid Association of New York, with whose work I am conversant, and on whose Board are my friends, and whose president, the Hon. Joseph Choate, comes as a friend, knowing these needs. He has come very near to the hospitals for the insane in New York, and he knows these very needs that I know.

Now this embraces, as Dr. Briggs has wanted this bill to embrace, all the private sanatoria, as well as the State hospitals, because in the private sanatoria, as perhaps you don't know, there is a chance for a great deal of dishonesty in this way — not in those who keep those private sanatoria, not in the physicians at the head, but often there are ulterior motives for keeping people in those costly insane hospitals. Now we speak for those as well, and as those are licensed by the State, we ask the opportunity of meeting those people and going in there just as much. In the summer I have had people from private sanatoria whose own families would not take them. Why? Because they did not want them.

Dr. Copp has always been one whom I have consulted in this matter. I do nothing unofficially. I would not for a moment think of interfering with what already is the system, and the best system they have, at the present moment; but I have seen systems all over the world, and I have seen much better systems than the State of Massachusetts has, although I know such men as Dr. Copp and all such as are with him want all they can get for the hospitals, and they are welcoming what now is being done in the Psychopathic Hospital, and all that goes with it. But still that is not enough, because \$3.25 per capita does not give everything that should be given. It does not give sympathy and help and assistance, and I have only to say that I have never yet felt, or had occasion to feel, that the superintendents of the hospitals have not welcomed me and been only too glad to co-operate with me in any way. But there I am, an individual! And I cannot go very far among 14,000 in the State of Massachusetts, as you know. We are all willing to do this thing, and we want to do it, and we feel that in any way that we can possibly help the State Board of Insanity, or the State of Massachusetts, or the superintendents, we are glad to do so.

MR. HILL. As a close, I simply wish to state that this matter — referring to this matter of the relation between the visitors and the institutions, because that seems to be one of the important features in the minds of the Committee, and it is an important feature — it is important for this reason: At the present time, as has been stated, the best of relations exist. The trustees and the State Board of Insanity welcome visitors at any time. They have told me repeatedly that they are only too glad to have people come, and under those conditions, but not as individuals — as unofficial visitors who simply visit and casually look upon the situation. Our suggestion is for competent, well-selected visitors, regularly appointed, and selected by the court after the trustees have been given an opportunity to object, who make a study whenever they feel the necessity of it of these institutions. At the present time there might be absolutely no need. Next week there might be a need; and as Dr. Briggs has stated, it has been shown in days past, when the occasion arose and the emergency existed, the volunteer visitors had absolutely no power, and were unable to accomplish their purposes. So it is for that reason that we ask that this measure be retained in the bill, because to us it is important.

MR. COX. Will you leave with the Committee a copy of the New York act, and I would like to have the article that Dr. Briggs read to the Committee.

MR. HILL. His remarks will be put into the records by the stenographer, and everything given to the Committee.

MR. COX. I would like to ask just one question, Mr. Chairman, and that is, would the association take the bill if they were denied the privilege of examining by private visitors?

MR. HILL. Personally I believe the association is so much in earnest that they can take whatever the Committee see fit to give; but I feel sure that the association is especially anxious to have the whole thing given, because it is only as a complete whole that the efficiency of this scheme has been worked out in New York State. The Committee feel that if there is any merit in a single feature of the bill, there will be all the more merit in the bill as drawn; and as it has been tried and tested in other States, the petitioners ask that the bill be left as drawn, because they feel that the visitors' clause is an essential feature of the bill.

THE CHAIRMAN. Now, Mr. Hill, are there any others whom you would like to have us hear?

MR. HILL. We have friends who are perfectly willing to talk, but I think what they say will be cumulative.

DR. BRIGGS. We have plenty of corroborative evidence we can call for, but I don't want to take your time.

THE CHAIRMAN. I will leave it to you to decide that, as to whether we should hear any more. We prefer not to, but we want you to have ample opportunity.

DR. BRIGGS. If there is any question about further testimony along the line of the value of section 3, I should like to bring it out that I think that is the pith of the whole thing.

THE CHAIRMAN. I think you have done that splendidly. I think you have put your side of that so that we understand it.

MR. HILL. If the Committee has no more questions they want to ask, we will rest our case.

THE CHAIRMAN. There are no more questions. We will declare that part of the hearing closed. Now is there any opposition to this bill? There seems to be no opposition. We declare the hearing closed on the bill.

At the next hearing of the Committee, as in the first one, Dr. Copp was asked to be present; but he answered, on February 15, that the duties of his office prevented his attendance.

The second hearing was held on February 16, and addresses favoring the organization were made by Monsignor Splaine, representing Archbishop O'Connell; the

Rev. William Copley Winslow; Rabbi Fleischer; Mrs. H. B. Cushing; Dr. Henry P. Frost, superintendent of the Boston State Hospital; and myself. Dr. Frost, having served in New York under the State Charities' Aid Association, told those present of its thirty years' growth and accomplishments.

I went to New York and saw Miss Schuyler at her residence, 37 Madison Avenue, and Homer Folks, who were both doing good work for the association there, and brought home much enthusiasm. Miss Schuyler could not understand the opposition in the face of the success of the organizations in the other States; and when she saw the names of the people who were supporting the bill, she felt that their endorsement ought to be sufficient to assure the State Board of Charity or any other organization which seemed afraid of an association of this nature.

The Committee reported unfavorably; and after talking with many people, especially representatives of the various charitable organizations, and being assured that immediate steps were being taken for the prevention and after-care of mental diseases, I decided it was not necessary at that time to go further, so let the matter drop, making no fight for it whatever, though no one had appeared in opposition at the hearing. I felt that having so many bills to be carried against unexpected opposition, it was best to drop this one, and concentrate on the others.

Later the Massachusetts Society for Mental Hygiene was organized to carry on the work virtually covered by this bill. This is why renewed efforts were not made to put my plan into effect.

The agitation at this time, though it failed to accomplish its direct purpose, undoubtedly had its influence upon the later development of the various branches of work suggested, which have since been undertaken by the State.

CHAPTER VI

CORRESPONDENCE ON MY BILLS BEFORE THE LEGISLATURE. — RESIGNATION OF DR. COPP. — ENDORSEMENT OF MY BILLS BY LEADING PSYCHIATRISTS. — REPORT OF HEARING ON SENATE NO. 142 AS REVISED, NOW SENATE NO. 501. — NEWSPAPER COMMENTS. — CORRESPONDENCE WITH THE EDITOR OF THE "BOSTON HERALD." — THE "SPRINGFIELD REPUBLICAN"

About this time I was working on bills for the regulation of restraint and for therapeutic occupations.

On January 18, 1911, in answer to a letter which I had written to Dr. William A. White, superintendent of the Government Hospital for the Insane, Washington, D. C., I received an illuminating reply from him, which I shall quote:

DEPARTMENT OF THE INTERIOR
GOVERNMENT HOSPITAL FOR THE INSANE

WASHINGTON, D. C., January 16, 1911.

DR. L. VERNON BRIGGS, 208 Beacon Street, Boston, Mass.

MY DEAR DOCTOR: — I have your letter of the 12th instant. Your questions are very comprehensive, and would require both time and space to answer adequately.

I will make certain suggestions which occur to me at this time. I will say, also, that I am in hearty sympathy with the efforts you are making in Massachusetts, and wish you to know that, although it has been quite impossible for me to secure even decent lunacy legislation in the District of Columbia, I will be more than glad to help others do what I cannot do myself.

First, as to the improvement of the nursing staff. It is hardly necessary in this day, of course, to emphasize the importance of the training school. I think, however, that it might be well to emphasize the social importance of the training school in the institution life. I believe in making a substantial difference in the pay of the attendant and the nurse, and in giving the nurse good training in the training school, so that she is really being fitted for a professional career outside of the hospital; in making the graduation exercises a notable feature, to which a certain number of prominent people in the community are invited, so that the nurse will feel the dignity of the work she is undertaking; and then, after graduation, in giving the trained nurse

in every case the preference, in matters of promotion, over the attendant who has not taken the training.

I suppose, also, that it is unnecessary to insist upon the desirability of nurses' homes. I not only believe that the employees should be well housed in comfortable quarters, but that the nurse should be given quarters in preference to the attendant, if there are not enough to go around; and if there are, the nurse should be given the choice of the best.

Then, again, I am a great believer in putting women nurses on the male wards, for the very good reason, as it appears to me, that we can get women and keep them, and we cannot get men and keep them. The hospital is less of a home for him than it is for her. Further than that, we are apt to get a rather better class of women than we are of men.

I believe that the hospital should supply mental nurses to the community. In this way many of the bright young women can be given an opportunity, from time to time, to take private cases at good remuneration. I think, too, it is a good thing for the *esprit de corps* to send some of the better girls, from time to time, to other institutions, for the purpose of getting such ideas as might be useful in their own hospital.

Finally, the matter of pay is one that is always vexatious. I believe, of course, that the nurses ought to be well paid, but it is a matter of differing opinion as to what constitutes good pay.

There is another practical point which I think is advantageous. I make a very distinct difference between the uniform of the nurse and that of the attendant. This helps to do the very thing I think is important, that is, to place the nurse upon a higher social plane than the attendant; in other words, in concentrating the efforts in the direction of getting good nurses, because no other one thing is so valuable in an institution for the insane.

It is a good thing, too, to send the better nurses to the general hospitals from time to time to get training, particularly training in surgical work, so they may become competent to take care of the operating room; to get training in the industrial work, so they may be able to initiate certain industrial features into ward life, etc.

In all these ways the nurse comes to be properly regarded in the general hospital scheme of things. In order to induce the attendants to take the work of the training school, and in order to properly familiarize the newcomer with his or her work in the care of the insane, I have instituted the custom of giving an introductory lecture at the beginning of the training school year, in which I cover the whole subject in a brief way, — the history, growth, and development of the hospitals for the insane and of the training schools in these hospitals, — and show the position which the nurse occupies in the problem of insanity as it affects the community.

As regards making the life of the patient more bearable, there are entertainments, dances, theatricals, and occasional balls, and the introduction of industries, especially an industrial building, with a competent instructor for teaching. I have an idea at the present, however, which may be of some use to you, although I am afraid that accomplishment will be a long way off.

My assistant in the Psychological Department is working on the problem of *habit formation*. There are two sides to this question of formation of habit, both of which I believe are important to attack from a psychological standpoint. One is the positive side; namely, the effort to get the patients into habits of some sort of industry, so that they will be more or less continuously occupied for some good purpose. The other is the negative side, and this is the one which struck me as being the most important when I first took up the problem; that is, to prevent the degradation that comes to the chronic insane by the acquirement of vicious habits, such as the habits of filthiness, destructiveness, noisiness, etc. All of these problems, I think, ought to be attacked from the laboratory, and are, to my mind, eminently practicable.

We have here a circulating library for the use of the patients, which brings them much pleasure. There were over eight hundred books in circulation the last time I inquired. There is also a question box in connection with the library, for patients who have problems that they would like to have solved, or who get into disputes about various things. I believe, also, that it is a good thing to publish a newspaper, or some such means of intercommunication.

As to the question of prevention of insanity, I believe absolutely that every hospital for the insane should stand for the most advanced learning in its community on the subject of mental disorders. I think every superintendent ought to encourage medical and scientific work on his staff; ought himself to be a frequent attendant at the medical societies and encourage his staff to follow his example; ought himself to be a contributor to the literature of psychiatry; ought from time to time to arrange scientific programs and invite the medical profession of his community to come to the hospital to meet, and the hospital to furnish all of the papers. He should also seek opportunities to give occasional public lectures of a popular character, all these activities looking to the education, not only of the public, but also of the general practitioner. In addition to this, I think it desirable, wherever possible, for the hospital to open an outdoor department, where any one in the community can come and get free advice in regard to mental trouble; and the laws governing the admission of patients to an institution should be so broadly drawn as not to keep out persons who are in acute or recoverable conditions, and who really should be encouraged to seek an institution. In addition to this, it would be well if the hospitals could maintain a field service. This is practicable, to a large extent, only in country districts with well-settled population. A great deal could be learned about the insane if the home conditions and family surroundings could be investigated at first hand; and if the officials of the hospital, through their field officers, could operate in conjunction with the Board of Charities, I believe a great many cases could be tidied over temporary difficulties and prevented from breaking down.

Command me if I can be of further service to you.

Sincerely yours,

WM. A. WHITE,
Superintendent.

It was refreshing to receive such a letter as the above; and the notes I took from it then have been a part of my groundwork ever since. The suggestions were definite and are as important today as when they were written over ten years ago; but I am sorry to say that, while we have been able to carry out some of these ideas, we have not been able to extend them as we should, and as Dr. White intended they should be extended.

Again I wrote to Dr. Copp in an effort to find out where he was going to stand on the bills which I proposed in the winter of 1911, and again his answer was evasive, although it tended toward opposition. He wrote:

THE COMMONWEALTH OF MASSACHUSETTS
STATE BOARD OF INSANITY

STATE HOUSE, BOSTON, January 23, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS:—Replying to your favor of January 16 relative to your proposed bills: While admitting the power of the Legislature to direct the State Board of Insanity to do anything desired, at the same time there would be very grave objections to the plan which you propose as to the matter of administration.

I suppose that you understand that I am expressing no opinion as regards the legislation which you propose, in accordance with my statement to you that whatever the Board approved of would be supported, and whatever it did not approve would not be supported. I do not feel that I have given any adequate consideration to these matters, and shall not be able to do so until they are presented to the committees, when I shall be glad to discuss them on their merits.

Very truly yours,

OWEN COPP,
Executive Officer.

In a further endeavor to ascertain the Board's position, I wrote to Dr. Howard as follows:

64 BEACON STREET, BOSTON, MASS., January 27, 1911.

Dr. HERBERT B. HOWARD, *Chairman of the State Board of Insanity, State House,
Boston, Mass.*

MY DEAR DR. HOWARD: — On November 17 I was invited by your Board to present my views in person at one of your meetings. I did so, although as the time given me was so limited I was not able to say all that I intended before most of the Board had disappeared.

Before the date was set for me to meet you, I presented in writing to your Board several suggestions as amendments to the law already passed. May I ask if the recommendations for legislation in House Document No. 79, relative to "the care of persons suffering from mental disorders" and "The reception and temporary care in certain institutions," is the result of my suggestions, or were they bills that you had formulated before my letter of December 1? I ask for two reasons: First, that if so, I may feel my efforts with your Board, and the time I devoted, writing and seeing them, have not been wasted; for, aside from these bills in House Document No. 79, I see nothing and have heard nothing that would lead me to suppose that my suggestions have been taken seriously by your Board, and I feel it a shame to waste your time and mine if you feel that my suggestions are of no value or at least not worth, in any way, adopting. Second, if these bills were the result of my efforts to bring about this law, I should like further consideration of some criticisms as to the wording of them.

On December 30, through the courtesy of your executive officer, I received a letter enclosing rough drafts of these two bills, with an invitation to make suggestions which the Board would be glad to consider. I wrote a letter under date of January 3, which I addressed to your Board through your executive officer, and to which I refer you. No notice has ever been taken of that letter or its contents, either directly or by changing any of the wording of the bills.

It has ever been my desire to work with the State Board of Insanity; and usually when one gives a good portion of one's life to remedying defects, to improving conditions and to assisting in the work undertaken by any Board, his suggestions and his help are received and given the consideration which is due them. This has never been so with the State Board of Insanity, so far as my efforts have been concerned. I have usually been encouraged, but later met with opposition, obstruction or else a blank wall put before my face in the form of no consideration being given the result of my labors and my study. I would much prefer to be told the Board does not wish to consider my suggestions than to be treated as I have been this fall. Even the questions in my letters have been only partially answered.

The reason I am putting the bills in the Legislature this winter, which I hope will bring about a better class of attendants and a more advanced care of our present insane, is because no notice of these conditions was definitely taken when I pleaded with your Board to do something more than it has already done; and not until after my suggestions had been ignored did I put the bills in.

In the first part of this letter I have asked you some questions. Will you kindly tell me what I want to know? I have tried to find Dr. Copp in his office to ascertain if he received the letter of January 3 that I sent to be presented to the Board, but did not find him in, and therefore address this letter to the chairman, hoping for some acknowledgment. I would refer you to my letter of December 7, the suggestions in which are the result of a request that I send my suggestions before your Board; but I have had no reason, by communication from you or otherwise, to believe that these suggestions are going to be adopted, and I have no letter from you saying that you have decided to adopt or reject them. You see the position of any one who is devoting a good portion of his life to helping the insane, when he is met with such a blank wall as your Board appears to present to any one outside of a selected few.

Very truly yours,

L. VERNON BRIGGS.

The next day I received the following letter, which had evidently been written before the receipt of my letter of the 27th.

JANUARY 28, 1911.

L. VERNON BRIGGS, M.D., 208 Beacon Street, Boston, Mass.

DEAR DR. BRIGGS:—Referring to your letter of January 13, relative to proposed legislation in regard to care of persons suffering from certain mental disorders pending their admission or commitment to appropriate institutions, also in regard to the reception and temporary care in certain institutions of persons suffering from mental derangement, I would suggest that you take these bills and modify them in such way as will definitely meet your approval. This will allow the Board to consider your suggestions in more definite form than is expressed in the above-mentioned letter.

Very truly yours,

OWEN COPP,
Executive Officer.

My letter to Dr. Howard was answered by Dr. Copp, as follows:

Dr. Howard requests me to state that your letter of the 27th instant has been received and will be referred to the Board at its next meeting.

On January 30 I addressed the following letter to Dr. Copp:

64 BEACON STREET, BOSTON, January 30, 1911.

Dr. OWEN COPP, *Executive Officer of the State Board of Insanity, State House, Boston, Mass.*

MY DEAR DR. COPP: — Your letter of January 28 is received. I do not see how I can put my ideas any plainer or more definitely than I have in letters of December 7, December 22 and January 3, especially of January 3, on bills you now ask me to modify. I hesitate to again devote a lot of time to redrafting or modifying these bills if the Board are simply complimenting me in asking me to do so, without any idea of taking my suggestions seriously. I will, however, do my part, and in a few days will try and get at this work.

I am fully as busy as any one on the Board, including yourself, with the various interests I have in hand; and still, if you refer to your letter of January 23, after I asked for this same consideration of my bills, I was told that the Board would not be able to give them any adequate consideration until they were presented to the committees, when they would be discussed on their merits.

All my communications to you as executive officer, of course you understand, are intended as communications to the State Board of Insanity.

Very truly yours,

L. VERNON BRIGGS.

That letter brought this reply:

THE COMMONWEALTH OF MASSACHUSETTS
STATE BOARD OF INSANITY

STATE HOUSE, BOSTON, January 31, 1911.

L. VERNON BRIGGS, M.D., *64 Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS: — In reply to your favor of the 30th instant, the State Board would not wish to put you to any unnecessary trouble. You will readily understand, however, that it is difficult to express one's ideas in legal form necessary for legislation, although the general purport may be clear. I have asked you to do this only with the hope of giving the most serious consideration to your suggestions.

Your assumption that the Board is not giving you the same attention it would to any other person is entirely unwarranted. All the questions which you have raised have had personal attention of the Board, and the most careful consideration. The Board, of course, must draw its own conclusion and act upon its own judgment after having considered everything that is offered. I do not see why this is not fair to you.

The Board has been perfectly frank with you, as I have myself. All your communications have been and will be considered as addressed to the Board, whether they pass through me or directly to the Board. All our dealings are entirely impersonal. I do not assume in any way to speak for or to act except under direction of the Board in these matters.

Very truly yours,

OWEN COPP,
Executive Officer.

In February, 1911, Dr. Copp resigned to accept a position as superintendent of the Pennsylvania Hospital for the Insane at Philadelphia. Dr. Copp was born in Salem, N. H., in 1858, graduated from Dartmouth College in 1881, and from the Harvard Medical School in 1884. He was first assistant physician in the Taunton Insane Hospital until 1895, and gave up that position to become superintendent of the Monson State Hospital for epileptics, where he remained until 1899, when he was appointed executive officer of the State Board of Insanity, which position he held for twelve consecutive years.

Governor Foss asked me to suggest a successor to Dr. Copp. I wrote to Dr. E. N. Brush, editor of the "American Journal of Insanity," who suggested one of his assistants at the Sheppard and Enoch Pratt Hospital, in Towson, Md. I also wrote to Dr. William L. Russell, then superintendent of the Long Island State Hospital, Brooklyn, N. Y., who was my first choice. He had been for nine years inspector of State hospitals for the New York State Lunacy Commission. He answered that on account of old associations he should not think of leaving New York, and little thought that he should ever be led to do so.

Opposition was rife from the "old guard" to anything that I suggested; but I had many friends who were supporting me.

One of the Boston newspapers of February 25, in speaking of the support the Governor was giving me, said:

Dr. L. Vernon Briggs is the man who is backing up in the mind of His Excellency a lot of the facts that he is preparing to throw into the State Board of Charity and the State Board of Insanity.

The doctor is one of the few men privileged to enter almost without knocking, and appointments are made ahead at length for him. . . . Comment has been made before on the innings which Dr. Briggs is having at this time in having His Excellency's ear; and this is counting, no matter how distasteful it may be to some people to admit it. Now the observation hospital will be pushed along.

In reply to an inquiry from me as to his opinion of the restraint bill, a copy of which I sent him, Dr. William A. White, on March 2, 1911, wrote:

As regards the restraint bill, I am in sympathy with the thing that you are trying to do. I believe that a tremendous amount of suffering is still the lot of the insane person because he is misunderstood. Restraint usually is harmful. It is rarely valuable except in cases of severe accidents or surgical operations. I foresee, however, that if your bill becomes a law, instead of using physical restraint, there will be an abundance of chemical restraint. . . . I would suggest that it would not be a bad plan to find out the quantity of drugs per capita, such as hyosciamin, that is used in the institutions, as, whatever may be said to the contrary, such drugs are used almost entirely for restraint purposes rather than for therapeutic purposes.

It was because of his intimation that chemical restraint might be used that the bill, in its final passage, prohibited such use, unless it was recorded; and later, when I was on the Board of Insanity, the amount of all drugs used was carefully investigated, and the hospitals were obliged to report all drugs bought, used and on hand from time to time.

Dr. A. W. Ferris, president of the New York State Commission in Lunacy, wrote on March 4, 1911:

I think Bill No. 142 is admirable; and if your experiment proves successful, in all probability New York State will follow your lead in this as well as in many other humane suggestions. I have no knowledge of the extent to which restraint is used in police stations, lockups, and penal institutions, but I fancy that it is much abused.

Bill No. 313 provides in a very businesslike and satisfactory way for instruction, which is given in some of our State hospitals by a single instructor.

With regards, and hoping you will keep me informed as to developments in this direction in your State, I am,

Yours sincerely,

ALBERT WARREN FERRIS,
President.

On March 10, 1911, Dr. Ferris wrote:

I am surprised to hear of Dr. Copp's attitude on Bill No. 313. It is, of course, an elementary matter, but a most important matter if you have not already, as we have, among your hospitals instructors in that work.

Dr. John B. Chapin of the Pennsylvania Hospital for the Insane, whom Dr. Copp succeeded, was not in sympathy with Dr. Copp's attitude as to my bills. He wrote to me, on March 11, 1911, that Dr. Copp would assume charge of that hospital, succeeding him about the first of September. In regard to my bills, he said, in his letter:

In England, I believe, mechanical restraint is fairly and honestly abolished, and no substitute as chemical restraint has taken its place. I visited one hospital in Scotland, where I passed through all doors without a key, and I was informed that no attendant was allowed to carry a key. This is an example of the high development of the non-restraint system, — the service of the trained attendants had displaced the use of all kinds of restraint and restrictions. . . . At the Willard State Hospital, with 2,000 patients under most favorable conditions as to length of service of attendants, I did succeed, with the co-operation of my assistants, in abolishing the use of restraint.

Since 1850 up to the present time, with little exception, I have been serving as general hospital interne, assistant physician, and medical superintendent. My whole time has been spent in a hospital, and I feel I am entitled in my eighty-second year to relief.

Your Bill No. 142 is an act to forbid the use of certain forms of restraint. I assume that it is in line of reform in this direction in the administration of hospitals, — what has been the purpose of physicians and friends of the insane for many years. In the use and abuse of mechanical restraint I may say I have had my share of experience.

The friends of Dr. Copp became so active that I did not go further in suggesting names to Governor

Foss for appointment of Dr. Copp's successor. I clearly stated the situation to Dr. Brush in the following letter:

64 BEACON STREET, BOSTON, March 11, 1911.

Dr. EDWARD N. BRUSH, *Sheppard and Enoch Pratt Hospital, Towson, Md.*

MY DEAR DR. BRUSH: — I have not yet written to Dr. Dunton, because things are so unsettled in Massachusetts. There seems to be a feeling abroad that Dr. Copp's resignation was only to test the strength of his position. It is said that he felt that the administration thought he was approving spending too much money for what was produced, and anticipated some action on their part. His anticipation was correct, because Governor Foss is going to have all our institutions gone over by an expert accountant, and some things have already turned up which surprise many people.¹

¹ This letter refers to a report then being prepared which was made the subject of a special message by Governor Foss. In reporting this message the "Boston Evening Record," Thursday, June 29, 1911, says:

In his sixty-fifth message transmitting report of his experts on the State Board of Insanity, Governor Foss declines to approve appropriations for improvements, etc., at the insane hospitals amounting to nearly \$750,000. In the message he says:

"The total regular appropriations upon which I have now to pass exceed \$2,500,000 yearly. It is obvious that such large expenditures should have the closest control. Yet at present the institutions are under separate boards of trustees, and over all of them the State Board has merely supervisory powers.

"There is a lack of any definite central system governing the scale of expenditures.

"The charges at Worcester are \$19.70 per patient per year. At Foxborough they are \$44.30.

"The item of food varies per patient per year from \$58 at Gardner to \$81 at Northampton (including at a fair valuation all locally produced food). If one rate is correct, the other must be wrong. The total cost of food in all these institutions is \$700,000 a year.

"Similarly, heat, light and power cost \$25 per capita at Westborough, and but \$15 at Northampton. The total cost of these items is enormous and should be standardized.

"There are now pending special appropriations exceeding \$750,000 for the extension of these institutions. Yet a great economy can be reached in practice by rearranging the present buildings. Moreover, nearly one-half of the insane can be provided for in one-story wooden cottages, with a decided advantage to the patients.

"Boston State Hospital wants \$166,875; \$22,000 of this is for a nurses' home to provide for 33 nurses needed in connection with the new male infirmary. The per capita cost of this building would be \$668. At Wrentham an employees' building has been built at practically one-half this per capita cost. I cannot approve this item. A cheaper style of construction would be equally serviceable.

"A central service building, to cost approximately \$37,750, is wanted with other factors of a 'farm group,' making a total of \$83,000.

"Mr. Harpham's detailed discussion of the plans convinces me that the whole scheme is an extravagant one. For example, although the institution now has two central heating power plants, \$10,500 is wanted for a third boiler plant for this 'farm group.' There is no good reason for putting in a high-priced, high-pressure boiler plant merely to heat these buildings. A low-pressure heater at a small fraction of this cost would do the work.

"For reserve power a single new dynamo might be instituted or a contract made with the electric light company for power to use in an emergency if needed. The remaining items are, in my judgment, unwarranted.

Dr. Copp's immediate associates are seeing the Governor almost daily and urging him to invite Copp to remain and at the same time recommend a larger salary. So strongly has this been put to the Governor that he feels that the resignation was only to make him take action now, before the investigation was undertaken. The State Board of Insanity appoint Dr. Copp; and as they are a rotating body of five years each, the Governor has the appointing of only one each year; and as the State Board of Insanity have the absolute power to appoint their executive officer, Governor Foss was at first at a loss to understand why they wanted his approval, but now that his Council has met and asked him to invite Dr. Copp to remain at a salary of \$10,000 a year (he is now getting \$6,000), he understands their solicitude, because they really could not obtain this extra money without his signature.

From what has developed in a general way, I do not believe Dr. Copp will be urged by the Governor to remain.

I cannot go into details in this letter, but feel that I wanted you to know how matters stood and why I had not yet written to Dr. Dunton.

They are still urging Dr. Scribner's appointment to both hospitals; in fact, virtually three hospitals, in Worcester, at \$10,000 a year with two as-

"Monson State Hospital calls for \$43,000 for a refrigerating plant and machine shop, a dining room and new laundry facilities. I cannot approve any of these as they stand.

"I cannot approve the Northampton State Hospital's request for \$46,925 for a bakery and laundry. The investigators believe that a simple rearrangement of the present quarters will provide the necessary room and leave only the new machinery to be purchased.

"I cannot approve the total of the Worcester State Asylum request for \$90,800. Instead of a new nurses' home to cost \$29,000, the investigators think there is enough unused space available for present needs.

"Worcester State Hospital requests \$116,200 for new buildings, alterations and elevators and 98 acres of additional land. The cost of the property per capita here is already much in excess of the other institutions. In fact, it is higher even than at the Boston State Hospital, being over \$1,500 per patient, in spite of which the institution has been reported to be crowded. Yet the investigators believe that instead of being crowded these buildings would now accommodate, without enlargement, a great many more patients if some of the present rooms were thrown together as small wards.

"I cannot approve of buying 98 acres of adjacent land at a cost of \$18,000 when the institution already has a spacious park of many acres which the patients do not freely use. But if it is necessary to forestall private building operations close to the outer wings of the institution, I suggest that the State take just enough land for that purpose.

"The Massachusetts School for the Feeble-Minded requests \$61,688 for new buildings for nurses and patients. The nurses' building would cost \$873 per person, and the building for patients \$688 per person. At the Wrentham State School a more economical scale of buildings has been followed, and if the trustees of the Massachusetts School cannot do as well, I recommend that the school be enlarged no further, and all necessary additions made at Wrentham. The appropriation is not approved.

"As to the \$13,000 wanted for a sewer line at Wrentham, Mr. Coe, the engineer assigned to this work, states that this would be a glaring example of extravagance, considering that a similar piece of work was executed at the hospital school for less than \$1,000, including filtration beds and providing for 30,000 gallons a day. I cannot approve this item.

"There is an item of \$250,000 recently approved by the Legislature for the payment of land already taken at the Boston State Hospital. I deplore the fact that this great institution was located on such high-priced land, and particularly regret that an opportunity was left for a rise in the value of the land after the hospital had started."

sistants at \$1,500 a year; but as I told you before, it is only a few in the so-called "ring" who want it. Those outside of institutions feel that Scribner is not a big enough man, and want new blood, just as they want new blood in Dr. Copp's place, if he really goes.

I would like your opinion on the two bills which, if I can get copies of them, I will enclose, and may I ask you to return them. I have not much hope of passing them, but if passed, the result will be the doing of work sadly needed here.

Sincerely yours,

L. VERNON BRIGGS.

I also sent copies of my two bills, No. 142 and No. 313, to Dr. Meyer, the head of the Phipps Clinic at Johns Hopkins Hospital, for criticism. He wrote:

THE JOHNS HOPKINS HOSPITAL

BALTIMORE, MD., March 13, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

MY DEAR DR. BRIGGS:— I have read the two acts. I agree with you that by far more restraint and improper management of patients occur in insane hospitals than we should allow to pass.

I do not see any objection to either of the bills, except, perhaps, the specification of the means of restraint, which might easily be construed as not to include the so-called protection sheets, some of which are very bad, and the use of simple sheets which can also be very bad. It may, of course, be that it is best to specify a number of specially objectionable appliances.

With my expression of appreciation of your continued interest in a cause which unfortunately few take seriously, I remain,

Very sincerely yours,

ADOLF MEYER.

Dr. Meyer's suggestions were incorporated in a new draft of the bill.

Mr. Robert A. Boit, president of the St. Botolph Club, a man eminent in business and public affairs, expressed his willingness to support my Bill No. 313 at the hearing in March. His letter follows:

ROBERT A. BOIT & Co.

INSURANCE

40 KILBY STREET, BOSTON, March 18, 1911.

DEAR DR. BRIGGS:—Many thanks for your letter. I return the bills as you ask. I think No. 313 interesting and important. The other I don't know much about. I will certainly do my best to appear at the hearing next Wednesday.

Sincerely yours,

ROBERT A. BOIT.

Prof. W. T. Sedgwick of the Massachusetts Institute of Technology wrote on March 17: "I shall be glad to consider appearing in behalf of your bills. I shall be glad to do anything I can."

About this time I received the following letter from Dr. Stewart Paton, professor of psychology in Princeton University. The paper to which he refers was a description of the work of a hospital in Vienna, "Am Steinhof," many features of which I had been trying to have adopted in Massachusetts institutions:

PRINCETON, N. J., March 14, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

DEAR DR. BRIGGS:—Thank you for sending me copies of your interesting paper "Am Steinhof." I am sure that I can use the reprints to good advantage. If you still have an extra copy, would you mind sending one to the Governor of New Jersey, the Hon. Woodrow Wilson, as he is much interested in the care of the insane. Send the paper to him at the Princeton Inn, Princeton, N. J., so that it will not get into his official mail.

Hoping to have the pleasure of meeting you in the near future,

Sincerely yours,

STEWART PATON.

A report got abroad that I had asked the Governor to make an investigation of the hospitals. This I never did. Such an investigation as I made, and as I had been working on for years was purely personal, not official,

and from my own observation, as I never hired any one in any capacity in relation to my investigations.

The "Boston Record" of March 20, 1911, expressed the facts as they were:

Governor Foss says that he has not stated to anybody that he will begin an investigation of the insane asylums, nor has he been asked by Dr. Briggs to do so.

Dr. Briggs says: "Investigations many times amount to little. What I am urging is better laws. Some of the conditions which I want remedied are: Attendants employed without any examination. Men of disrepute employed as attendants. All employees at insane hospitals change on an average of three times a year. One doctor must look after 200 patients a day. Attendants discharged from one hospital for abuse can be hired by another hospital. Mild cases of insanity placed with murderers. Patients forced to do the work of attendants. Patients punished by being placed in violent wards."

The "Boston Transcript" of March 20, 1911, said:

Dr. Briggs has never believed in investigations, but rather in having laws to remedy the defects and correct abuses, if any, existing in hospitals. He has this winter put three bills in the Legislature which would improve the conditions of the insane, secure better attendants, and remedy the evils now existing. They are Senate Bills No. 289, No. 313 and No. 142.

The "Boston Post" of March 21 had the following editorial:

CAUSE FOR INVESTIGATION

If the charges of Dr. L. Vernon Briggs against the conduct of Massachusetts insane asylums — and Dr. Briggs is assumed to be a responsible man who has studied conditions about which he talks — have basis in fact, the institutions should be investigated as a matter of course. Even as they stand, his statements call for either refutation or corroboration.

Dr. Briggs declares flat-footedly that disreputable men are employed as asylum attendants; that those discharged for abuse of patients are hired by other institutions; that inmates mildly insane are made to consort with murderers; that doctors are grossly overworked; that patients are forced to do the work of attendants, and they are punished by being placed in violent wards. These charges he is expected to repeat before the legislative committee having in hand his bill "to prohibit certain forms of restraint on inmates in penal institutions and on patients in public or private hospitals and sanatoriums."

But how can there be any intelligent lawmaking on such matters without a thorough setting forth of the truth? The Legislature would come near to working in the dark if it acted on the bill of any one man bringing such serious charges. They are broad and they are serious. They demand the complete illumination of an official investigation.

The newspapers at this time all gave prominent headings to my bills and the causes which led up to my introducing them. The "Post" of March 21 said:

Governor Foss spent practically his entire day in conference with Dr. L. Vernon Briggs, the noted alienist, Representative Martin L. Quinn of Swampscott, and a number of others.

Rev. Elwood Worcester of Emmanuel Church, on March 21, 1911, wrote me that the bills of which I sent him copies he had read with much interest and sympathy, and added:

This seems to me a very important matter, and I shall be glad to do anything in my power to further it; and if I am able to do so, I shall be at the State House when it is presented.

Dr. James J. Jackson wrote to me that my bills were full of valuable suggestions, and he hoped they would have proper effect.

A hearing of Bill No. 142 was held before the Committee on Prisons at the State House on March 22, 1911.

HEARING BEFORE THE COMMITTEE ON PRISONS ON HOUSE BILL NO. 142 AND
AMENDMENTS THERETO

THE CHAIRMAN. The hearing on 35 is closed, and we will now take up Senate Bill No. 142.

SENATOR JOSEPH LOMASNEY. Dr. Briggs, are you going to represent the petitioners?

DR. BRIGGS. Yes.

THE CHAIRMAN. Who is the gentleman who is going to represent the remonstrants? [There being no reply the chairman continued.] The Committee is ready to hear from Dr. Briggs, or any one, in behalf of Senate Bill

No. 142, and the hearing will be conducted on behalf of the petitioners by Dr. Briggs.

DR. BRIGGS. I think Dr. Bowditch wants to speak first, because he wishes to get away.

SENATOR JOSEPH LOMASNEY. You are conducting the hearing for the petitioners, and any person you desire to put on will be heard by us gladly.

DR. VINCENT Y. BOWDITCH. I am going to ask you the favor of a few moments in order to say a few words in regard to Dr. Briggs' bill. My remarks, necessarily, will be somewhat personal, because of circumstances which have arisen lately which show such a distortion of Dr. Briggs' opinions and ideas that I wish to give my opinion of what I think of him. I have known Dr. Briggs intimately for thirty years. In that time I have never known him to fail in his devotion to friends. I have never known him to fail in devotion to any cause which he felt was in the interest of humanity — for the sake of suffering humanity. Recently I have been approached by some who knew that he was bringing bills into the Legislature which they felt unwise, and asked if I would not use my influence to persuade him from it. I knew nothing about them at the time, but immediately went to him to find out what they were. I spent a long time with him, and finally came to the conclusion that he was perfectly right in his position. He has been absolutely altruistic in his position and has not been self-seeking in anything — not one trace of self-seeking.

He has no idea of antagonizing those in charge of these insane hospitals. His simple and sole desire is to help them where abuses exist, — which he knows exist, — and endeavor to render the care of these unfortunate beings more easy.

Never yet has anything come up in the way of reform that did not meet with opposition. I regret to say that when I was at a hearing the other day, the remarks made by one gentleman were so personal and against the character and opinions of Dr. Briggs that I was surprised; and while they were made by one of my own profession I am compelled to say they were unworthy of one of that calling.

Dr. Briggs has in his possession letters from men high in the medical profession in this country and in others, in which they heartily favor his present efforts and wish him success.

Last summer, when at Edinburgh, I met there a medical man who is respected and honored by the whole profession, Dr. Macpherson; and unsolicited by me, in conversation he made this remark, and made it several times: "Dr. Briggs is a fine man, and he is doing a splendid work, a work which is ahead of his time."

I only wish to put before you this bill, which I believe is in the right direction; and those of you who are interested and will look into it and will listen earnestly to what Dr. Briggs has to say will see the force of what I have said.

SENATOR LOMASNEY. Will you kindly give us your full name?

DR. BOWDITCH. Dr. Vincent Y. Bowditch of Boston.

THE CHAIRMAN. Does any member of the Committee desire to ask Dr. Bowditch any questions? [No reply.]

DR. BRIGGS. I wish to say that Bill No. 142 was hurriedly drawn, and that after having had it drawn up and printed, I sent it to the leading authorities in this country for criticism and suggestion. The result of their criticism and suggestion is embodied in a substitute bill which I would like to present to the Committee. Shall I read it?

THE CHAIRMAN. Why, yes, you may read the bill so we may know what it is. [Bill read by Dr. Briggs; see page 69.]

SENATOR LOMASNEY. This is a new draft of the bill we have under discussion?

THE CHAIRMAN. A new draft of the same bill.

REPRESENTATIVE BUCKLEY. That is a bill you wish to present before the Committee?

DR. BRIGGS. That is the bill I wish to present before the Committee. Before presenting my argument I want to say that unfortunately there has been a great deal in the newspapers about "investigations." They are without authority; they are without any foundation, in fact. Anybody who has known me for twenty years knows that I absolutely disapprove of investigations from beginning to end. I have given no reporter any authority whatsoever for saying there were any investigations to be contemplated. I have given no authority for it, for I have brought no charges to Governor Foss or asked for any investigation.

My belief has been that the way to correct abuses is by introducing certain laws which quietly correct the evils without any investigation. I would like to ask Dr. McComb of Emmanuel Church to say a few words.

DR. MCCOMB. As I understand it, this bill was introduced for the purpose of preventing the application of restraint and seclusion to persons suffering from insanity. Now, it so happened that I am specially interested in this matter, because when I conducted my ministry on the other side of the Atlantic I was a chaplain to one of the leading lunatic asylums in that country, — the asylum in Belfast in Ireland. I was brought into close contact with the patients, with the attendants and into very intimate friendship with the head physician, technically called there the resident medical superintendent. I had very abundant opportunity of watching the administration of that great asylum. I will say at the present moment my friend is in charge of a floating insane population of eight hundred souls, and has been there for some twenty-five years.

Now, it seems to me while we are accustomed to regard Ireland, sometimes, perhaps, as rather back of European civilization, the State of Massachusetts is exactly twenty-five years behind Ireland in this matter. Twenty-five years ago my friend abolished restraint, abolished all forms of restraint, and has conducted his asylum with such signal honor that the British government offered him the other day the highest position in its payment, and he did not accept it because he preferred to stay where he was.

He has abolished restraint. Not a single person, as far as I know, has gone into restraint since he has been the medical superintendent.

I mention that as a personal experience. Of course, it is obvious that the persons put in charge of insane persons must be men of high moral principles,

of deep humanitarian sympathies, but it is very difficult to get those persons at the present rate of wages, because persons with deep humanitarian principles and sympathies can generally command a higher wage than we are able to give them. Therefore the present attendants, it seems to me, should be trained especially for the purpose of treating the insane, and proper instruction should be given them by competent persons. I do not know whether Dr. Briggs can tell us whether it is true here, but I happen to know that in Great Britain there is a handbook printed and published solely for the use of the attendants, in which they are trained in the administration of their duties. Now, the difficulty with the attendant generally is that he forgets that he is dealing for the most part with irresponsible persons, and therefore all the more need that there should be men there to deal with these persons and they should be properly equipped for the purpose. It seems to me there is no need of introducing new things until you introduce a new order of men.

I have the greatest hope and trust that the State will go forward and at least get to the point that Ireland has reached at the present time. [Applause.]

DR. BRIGGS. I would like to call upon Mr. E. H. Clement, former editor of the "Transcript" and now associate editor.

E. H. CLEMENT. I am naturally in a position, as editor of the "Transcript" for many years, in the receipt of many applications from deserving poor, and also, of course, a great number of undeserving poor; and I came to realize that our munificent charities have splendid houses and asylums of various sorts, but are hampered in their work and are handicapped by the reputation they have among the poor for the brutality of the service in our institutions. And it seems to me that for the purpose of working a charitable plant to its full strength, as it ought to be for the amount we spend upon it, I think it is necessary that we should educate the public mind into the full belief in the humanitarianism on which these charities are administered. A great deal has been done by private and individual effort to disseminate these ideas, but every once in a while we hear horrible tales, where a man has been boiled to death in a bath, or some insane patient's ribs are broken by the attendants, which affects in the mind of the public all the good that may be done.

Therefore I am here to support Dr. Briggs, whom I have known in this work for many years, and who has accomplished much in this effort, and who has done much to raise the reputation, the popular reputation, which is the important thing among the poor, as also the measure of humanitarianism in our public institutions.

I have in mind the case of a man who applied to me within a few days — the case of a man who ought really to be in a public institution, but who persists in pursuing a life of beggary, and makes his excuse for so doing that he does not want to be knocked about and does not want, particularly, to be scalded to death in a bathtub.

I believe that all restraint in these institutions, particularly the restraint referred to by Dr. Briggs, should be eliminated by these regulations, and it will do much to correct the popular apprehension.

DR. BRIGGS. I will call on the Rev. Dr. Van Allen of the Church of the Advent.

WILLIAM H. VAN ALLEN. My name is William H. Van Allen. I am rector of the Church of the Advent in Boston. I am not personally an alienist, and I hope not an alienated person, because I believe I am very fully concerned with charities, both public and private, and because my work brings me into contact with very many persons here in Massachusetts who are mentally afflicted, and who ought to be in custody somewhere for remedial purposes.

I have come to speak a word for Dr. Briggs' bill here. That there have been abuses and cruelties in the care of the insane and delirious persons no one can doubt. I was reading only yesterday the vivid picture of Sairy Gamp's method of caring for a fever patient in Dickens. It has been said that the illustration of Sairy Gamp was overdrawn; but I am afraid that we cannot be too sure of that. Cases do come from many institutions in this State, and in other States, of the irresponsible persons who are cruel and inconsiderate in the treatment of those committed to their care; and if there is only one such case a year it is necessary for the Commonwealth to safeguard that one victim. I speak as a citizen for citizens, because this special problem of the care of the mentally deranged is one which makes a peculiar appeal to us on account of the helplessness of the victims, and because, too, every one of us may be touched by that problem either in his own family or among his own circle of friends or acquaintances; and I doubt if there is any person in this room who does not know an instance of some friend who is mentally distorted, or has been, and needs care.

Let me add one word in emphasis of the special feature of the bills of Dr. Briggs, which puts responsibility clearly upon the superintendent. If I read the bill correctly it does not prohibit absolutely the use of mechanical restraint where, in the judgment of the superintendent, that restraint is necessary, if I correctly understand the bill.

The abuses every one attributes to the superintendent, whereas the abuses, if they exist, should be attributed to irresponsible subordinates; and I must frankly acknowledge that there are employees in our public and private institutions who are not ideally fitted for that work.

If the responsibility is to be clearly that of the superintendent he should be answerable in every case, so that he shall be responsible for the affairs in the institution in which the restraint was used, and this record should be open. When we do this we shall have done a great deal to bring about a proper condition of affairs.

For six years I had the privilege of administering frequently to one of the greatest reformatory institutions of the country, the Elmira State Reformatory, and I was associated rather intimately with the celebrated penologist, Z. R. Broekway, its superintendent, and for many years in charge. I know Mr. Broekway's theory of punishment of men there to be that it should be accomplished actually under his own eye, and, if possible, with his own hand, so that he assumed the responsibility for all that, and so that he knew absolutely all that went on.

I am sure where there is responsibility of the superintendents greater remedial benefit will inure to the patients. The superintendents should bear a little of the responsibility, and if they are not willing we should make them do so.

A VOICE. That is right.

DR. BRIGGS. I should like to have you hear Mr. Clarence W. Barron.

THE CHAIRMAN. What is your name?

MR. BARRON. Clarence W. Barron of Cohasset. I reside at Cohasset, where I am a voter. I reside at 334 Beacon Street, where I live in the winter.

I came here to speak on the question of prisons on another bill. I did not know this topic was up, and never before have I met Dr. Briggs. I have known for many years that Massachusetts was behind foreign countries, especially Germany and other States of the Union in the treatment of the insane, and in a few words I would like to say how they are treated abroad.

Some years ago I went to Germany, to Baden-Baden, for a little treatment for myself, and my family wished me to take along one of my secretaries to look out for me. As a matter of fact, my secretary, through a long line of ancestors, was insane before he left this side of the water, being taken violently insane on the steamer. He became my constant companion and I had to tend him. I discovered very quickly his condition, and I determined that I would save him and get him home. I had a doctor for him and special nurses took charge of him in a private institution in Germany, and the doctor told me, if this man became badly insane that the laws of Germany forbade restraint in any private institution; and this man could not even be kept in a room of the institution, although there were two men from a Catholic institution who volunteered to come there and take care of him.

I made a study of the institutions of Germany. Among them was a large public institution. Here on the edge of the Black Forest was Illeneau, which is a bit overcrowded with 600 patients, and with accommodations for 500. The record of cures at Illeneau stands at the head of the world. It was 30 per cent above any other institution in the world. I was much interested to know what was the secret of Illeneau; and I went there with my own doctor and this man I speak of in charge, and he, the doctor, could only get him in there by a special permit from the government in Baden. I placed him in their charge and they looked after him.

I was ashamed and astonished that Massachusetts, with all the millions she spends on the care of the insane, was not at all recognized by those abroad, and her leading institutions having no standing as to the care of the insane.

I have treasured that in mind ever since, waiting for somebody like Dr. Bowditch and Dr. Briggs to improve the institutions in this Commonwealth.

I realize that the greatest disgrace and stigma of Massachusetts today is the care of her insane.

Let me tell you in a few words what I found in Illeneau. A large garden on the edge of the Black Forest, surrounded with plenty of air and sunshine, gardens and walks. Instead of the patients being in barred cells I found them in large open rooms with bathrooms at the four corners, with plenty of light and air and fifteen to twenty beds in this room. You know, when your nerves are out of order we apply to the body hot or cold water to restore the nervous equilibrium of the body. They have in this large room only

three or four nurses for fifteen nervous patients. If the patient gets nervous and cannot go to sleep, the nurse comes and asks him if he would like to take a bath, and this patient gets up and is taken by an attendant to a large bathroom and is allowed to disport himself there, and takes a bath of hot or cold water and the mind is brought back and the relaxation of the body and the mental strain he is under disappear and, like a washed baby, he goes back and goes to sleep. Now, our institutions are not built that way.

If you call your penal institutions and reformatories 80 per cent efficient today, I think in the Massachusetts insane institutions it is about 40 per cent efficient because we are not at all up to the times in the care of the insane. Now, the first thing to do it to take away the restraint.

REPRESENTATIVE QUINN. Mr. Chairman and Gentlemen: I am heartily in sympathy with this bill. I did not intend to say anything at this hearing, but the fact of the case is, that after hearing about two cases lately through the friends of patients in an insane asylum, — Woreester, I think it is, — of the horrid conditions, and Westborough, of the horrid conditions that we have in our institutions it is beyond me why we take them there at all. Why, it would be better, if we have to have institutions like we have at the present time, to have the electric chair; it would be preferable to the treatment they have. Better than to be put into a cold room where the temperature in that room is so cold one would have to keep on his hat and coat, and a poor patient lying there with practically no clothing on at all, just a sheet over him; the condition of one of the citizens of the city of Lynn, whom I have the highest respect for and whose word will be taken by any one in that city, informs me that in that institution they are treated like brutes. Now, we know if a man abuses a dog he would be arrested in a minute; he would be sent to jail.

A VOICE. That is a fact too.

MR. QUINN. I cannot conceive how any one can say, "I will send my friend to an insane asylum," after knowing these conditions.

Now, it was brought to my attention the other day by one of the representatives in the Legislature that the insane were ill treated in this asylum. He said that he believed the reason for the ill-treatment was that they had thoroughly bad men attendants in the institution, — men that they call regular "booze fighters;" they were known in the community as regular booze fighters. The idea of having that class of men in an institution like that. And one man, he said, that was looking after some insane patients, was a man who was insane himself, and who said, "So-and-So is getting all right; he is all right. I have to go in occasionally and keep him quiet, and I am giving him water occasionally and he is doing fine." He said, "I was buggy myself once, but I am getting all right."

I cannot conceive such a way of running an institution. There is too much of this false pride that we have here in Massachusetts. There is too much of it. Shame! Shame on any man who says he is an American citizen and who will not speak out against this brutality. When Governor Butler was here he said our institutions needed investigating, and I believe he was

right. I remember just previous to that time I was working in a tannery, and I was invited to go up to one of our morocco factories in the other side of the city and see the skin of the people tanned, and I went there and saw a piece of the skin of a colored man and of a white man who had been patients at Tewksbury, and died there, which had been tanned and dressed. When your friend is brought to one of these institutions you want to see that he is properly treated. And if it requires more money let us pay it.

If there is anything wrong in our institutions let us find it out. It is better to do that than to have people say, "So-and-So has gone up there, and I believe they will kill him."

I believe everything I have said from beginning to end. I do not want to bring any charges to this Committee. This is a hearing for a bill to be passed, which I hope will remedy the evils without any charges. If you have anything to say for the bill —

A SPECTATOR. I was an inmate of Westborough for thirteen months, and I would like to say that the abuse is terrible.

A VOICE. I would like to say that myself.

ANOTHER VOICE. It was in the Lowell paper that there was to be an investigation here by Dr. Briggs, and I have the paper with me.

Dr. BRIGGS. I am not responsible for what the papers say.

One MARGARET MARTIN then asked to speak and said: I was for many years a teacher of the Rice School in Newton Center, and I am a resident of Newton at the present time. I, too, was an inmate at Westborough for eight months.

I do not come here to tell you a story of cruelty. I come to speak of Dr. Briggs' bill. I believe in non-restraint because I know how well it works. I do not believe in restraint, because I was subjected to it, and because I saw others subjected to it. I saw its results. I believe in the newer method of healing, and know the views that are held by the most enlightened people in the country.

SENATOR JOSEPH LOMASNEY. In common with the House Chairman, Mr. Marchand, in looking over this new draft of the bill (see Senate No. 501, page 178) it does not seem to me to be within the province of the Committee on Prisons, and, to say the least, there is a grave doubt of our right to hear the bill at all. I believe it should come before the Committee on Public Institutions, and in order that no mistake be made, and in order that the thing may be satisfactorily settled, it seems to me, Mr. Chairman, we should adjourn the hearing and get into consultation with the Clerk of the House and Senate; and then if the Committee on Prisons is to hear it further we can issue an order for a new hearing. If not, it will be the duty of our committee to confer with the Committee on Public Institutions. I therefore move the hearing be now closed because of the reasons stated by House Chairman Marchand and myself.

THE CHAIRMAN. The hearing is closed on this question now, and we are going to consult with the Committee on Public Charities, and we will give you due notice.

It is evident that whoever had moved to refer this bill to the Committee on Prisons looked upon the insane as criminals, to be locked up rather than given hospital treatment for their diseases.

In connection with the hearing, it will be well to give the views of the public as expressed in the newspapers. The "Transcript" of March 22, 1911, said:

Dr. L. Vernon Briggs had the center of the stage at the State House today. He addressed the Committee on Prisons on his bill, Senate No. 142, to prohibit certain forms of restraint on inmates of penal institutions and on patients in public or private hospitals or sanatoriums. The hearing room was crowded, a large proportion of those attending being women. The regular Committee Room was too small for the crowd, and a change was made to the Railroad Committee Room.

The "Globe" said:

Four bills were down for hearing before the legislative Committee on Prisons this morning; but long before the hearing began, it was evident that the chief interest was to center in Senate Bill No. 142, accompanying the petition of Dr. L. Vernon Briggs.

The "Traveler" stated:

The hearing was brought to a rather abrupt close, after the Committee had heard the petitioners for an hour and a half. House Chairman Marehand of Lowell raised the point that the bill was improperly before the Committee, and should have been referred to the Committee on Public Charitable Institutions, which has jurisdiction over State hospitals.

The "Boston News Bureau," in reporting the hearing, said:

Before the legislative Committee on Prisons, Dr. L. Vernon Briggs this morning advocated his bill to supervise and reduce the mechanical restraints and confinements placed upon the insane. Dr. Briggs and his bill were endorsed by Dr. Vincent Y. Bowditch, who had been asked to investigate and oppose this bill. He investigated and wished to thoroughly endorse this bill and Dr. Briggs, whom he had known for thirty years and had never seen in him a trace of self-seeking, but always a devotion to humanity and the public service.

The Committee adjourned the hearing to consult if the bill should not be referred to the Committee on Public Charitable Institutions.

The "American" of March 22 said:

Prominent society women of Boston and New York and men well known in business and professional life packed one of the largest rooms in the State House today at a hearing before the Committee on Prisons on three bills advocated by Dr. L. Vernon Briggs to improve conditions in asylums for the insane.

Some of those who attended the hearing were Mrs. Henry P. Loomis and Mrs. Woolsey Hopkins of New York; Mrs. William Tudor of Boston; Mrs. Baneroft Davis of Weston; Miss Cornelia Warren of Waltham; Mrs. Charles T. Hubbard of Taunton; Rev. Wm. H. Van Allen; Rev. Edward Cummings; General Benjamin F. Bridges; Prison Commissioner Warren S. Spaulding; Dr. Herbert B. Howard, chairman of the State Board of Insanity; and Dr. Owen Copp of the same Board.

The "Advertiser," in an editorial on March 24, said:

Whatever the needs concerning laws governing asylums for the insane in this State, there are many who will agree with Dr. Briggs, that laws to correct an evil, if it exists, are more efficacious than investigations, which usually fail of their full purpose. Investigations are recommended only in cases where the fault suspected is with the enforcement of adequate laws. Where the fault is suspected of being in the laws themselves, it is time wasted to investigate.

The Lawrence, Mass., "Critic" on March 25 printed the following editorial:

Among the Governor's closest advisers and informants on the treatment of the insane has been Dr. L. Vernon Briggs, one of the leading alienists of his State and of the country. He is the petitioner for a bill "to prohibit certain forms of restraint on inmates of penal institutions and of patients in public and private hospitals or sanatoriums."

Dr. Briggs declares he has in his possession letters from Dr. Owen Copp of the State Board of Insanity asking for suggestions, but the assertion is made that Dr. Copp has opposed nearly every bill that Dr. Briggs has introduced.

Rev. Dr. Samuel McComb of Emmanuel Church, when asked to come to the second hearing on Bill No. 142, wrote, on March 25, 1911:

I will be glad to do anything I can to help you.

Dr. William L. Russell, superintendent of the Long Island State Hospital, Brooklyn, N. Y., in a letter written to me on March 30, wrote:

Your bill does not seem to place any more restrictions on the institution officers than the regulations of our commission, and it seems to me to be a good bill. In fact, I think you would be justified in prohibiting the use of leather restraining apparatus of any kind, as is the case in this State.

E. H. Clement, then editor of the "Boston Transcript," on March 31 wrote me, in connection with his attendance at the hearing on the bill:

DEAR DR. BRIGGS: — I am glad, indeed, if anything I said helped. I do really believe that the great thing to be done now is to restore some degree of confidence in the hospital's administration and management, as your bill will do.

Always at your service for what I may be able to do to aid in your splendid work.

Yours very truly,

E. H. CLEMENT.

The "Boston Herald" was, in the main, apparently in the hands of a medical clique who were friends of the governing powers of the hospitals and commission. To show their attitude, I quote from an editorial of March 31 the following:

The bill now being considered "to prohibit certain forms of restraint on inmates of penal institutions and on patients in public or private hospitals or sanatoriums," though drawn to include prisons, is evidently intended primarily to apply to institutions for the insane. It is not initiated or supported by persons who have made careful investigation. Its motive is to hamper rather than to aid the management of these institutions. And it is defective in detail for several good reasons. The various forms of mechanical apparatus which it prohibits have already been practically discarded. The doctors at the hospitals have learned, faster than the outside public, how to handle violent cases with the largest degree of gentleness. The attendants are held up to a rigid standard of accountability for any act of brutality. When such acts occur, no one is more concerned to prevent their recurrence than the superintendent in charge.

It is proposed to prohibit such restraint, except when applied or ordered by the superintendent. But such a prohibition implies that the members of the hospital staff and the head nurses may not exercise what is often the most humane treatment possible. Only this week the present writer was unexpectedly a witness to the sudden necessity for this restraint. . . .

It is true that incompetent attendants will at times abuse patients. It is also true that they are sharply reprimanded and frequently discharged for

such actions. . . . If the State has no better way of rewarding the members of the staffs of the insane hospitals than by listening to prejudiced testimony and passing hampering laws, based on such uncertain foundations, it will not be surprising if the present high average character of these public servants suffers a rapid decline. Self-respecting men and women will naturally prefer some other employer.

This editorial was so incorrect in its statements that several of my friends wrote to the "Herald," remonstrating against statements which were apparently made to mislead the public. Among them was Dr. Vincent Y. Bowditch, who received the following reply from the editor:

THE BOSTON HERALD
OFFICE OF THE EDITOR

BOSTON, MASS., March 31, 1911.

Dr. VINCENT Y. BOWDITCH, 506 *Beacon Street, Boston.*

DEAR DR. BOWDITCH: — I thank you very much for your letter, which I have promptly forwarded to the author of the editorial in question for investigation.

Yours sincerely,

ROBERT L. O'BRIEN.

It was thought that one of the medical clique wrote the editorial, for the editor, in this letter, virtually repudiates having taken any share in it himself. Mr. O'Brien's letter showed that he did not in the least understand the proposed legislation, and the same criticism may be made of a letter to the "Herald" dated April 1, 1911, commending the editorial and strongly opposing the so-called restraint bill, and signed by William O. Mann, superintendent of the Massachusetts Homœopathic Hospital. The editor of the "Herald," in answering my remonstrance to this editorial, said that he would accept a 600-word statement to be used in an editorial to correct some statements inadvertently

made in the previous editorial criticizing and condemning Senate Bill No. 142. On April 2 I answered him as follows:

MY DEAR MR. O'BRIEN:— I want to thank you for asking me to write a 600-word statement to be used in an editorial to correct some statements inadvertently made in a previous editorial criticizing and condemning Senate Bill No. 142. The statement is herewith enclosed, including quotations from letters of men who have for years been recognized as at the head of psychiatry in this country.

Very truly yours,

L. VERNON BRIGGS.

The statement follows:

There have been no "malicious attacks" or "incoherent charges" made by the initiators of Bill No. 142. This bill does not call for "investigations" or "hampering legislation." Many of the charges are by people who are not discharged attendants or patients. Your investigator has made one fundamental mistake. Had he looked into the subject more carefully he would have found that the Bill No. 142, which he criticizes, was never presented to the Committee, but instead a substitute bill excluding penal institutions and with other changes. The latter bill was "instigated" and is "supported by persons who *have* made careful investigation," as your investigator might have discovered had he taken the trouble to inquire. It has met the approval of the most prominent alienists in the country, including Dr. Adolf Meyer of the Phipps Laboratory, Baltimore, and professor of psychiatry at the Johns Hopkins University; Dr. William A. White of the Government Hospital for the Insane, Department of Interior, Washington, D. C.; and Dr. Albert Warren Ferris, president of the State Commission in Lunacy, New York.

This was the bill considered at the hearing, and a copy of it was given to the State Board of Insanity.

Mechanical restraint has not been "practically abolished" in most of our State hospitals, and your investigator has evidently not looked into the question of private hospitals, which are included in my bill. The attendants are not held to a "rigid standard of accountability for acts of brutality," as is shown by the fact that they are not generally prosecuted and can be and are afterwards employed by other State hospitals. The superintendents and staffs are not necessarily to blame for this.

If your investigator considers locking a patient into a room alone modern or "humane treatment," it seems useless to try to convince him to the contrary in the limited space at my disposal. I would refer him to the Manhattan State Hospital, New York, with its 4,800 patients devoid of restraint or solitary confinement, and many more hospitals where equally up-to-date methods are employed. The author of this bill has never criticized the staffs of the

insane hospitals, except that they are not large enough, and he fails to see how Bill No. 142 can hamper them. That is not its motive. It is meant to uphold their hands in the proper treatment of the insane, and it gives them added power to punish those under them who commit breaches of discipline.

How can opposition to this bill show anything but the insincerity of those who claim that its provisions are already carried out?

I enclose the revised bill and also Dr. Adolf Meyer's letter, and quote from Dr. Albert Warren Ferris, as follows:

"I think 142 is admirable; and if your experiment proves successful, in all probability New York State will follow your lead in this, as well as many other humane suggestions."

From Dr. William A. White's letter I quote the following:

"As regards the restraint bill No. 142, I am in sympathy with the thing that you are trying to do. I believe that a tremendous amount of suffering is still the lot of the insane person, because he is misunderstood. Restraint usually is harmful. It is rarely valuable except in cases of severe accidents or surgical operations. I foresee, however, that if your bill becomes a law, instead of using physical restraint there will be an abundance of chemical restraint used."

The above suggestions have been incorporated in the revised bill.

Yours truly,

L. VERNON BRIGGS.

The "Springfield Republican," at that time under the same influences as the "Boston Herald," on April 3, 1911, published an article along the same lines:

By one of these queer arrangements which the State House committees occasionally make, the question of investigating the alleged abuses at the State hospitals (suggested in Dr. Briggs' absurd bill, and by the Quinn charges against the Westborough hospital) came up before the Joint Committee on Rules on Tuesday, having first been heard by the Prison Committee and by them turned over to the Committee on Charities. It should be discharged from all committees, and left, as was suggested at this hearing, to a small committee of experts named by the Governor in Council, to see what basis of truth underlies the exaggerations of unrecovered lunatics and discharged attendants, such as came before Senator Treadway's committee on Tuesday. The first hearing on the Briggs bill seems to have turned in part on the character and motives of Dr. Briggs himself, — one of those personal questions which committee hearings are so prone to raise. Until the sad consequences of Adam's fall are somehow obliterated, and human nature becomes as perfect as Teddy Roosevelt thinks it is in his own case, neglects and abuses will occur in the best-regulated insane asylums, even as they did in Mrs. Morris' case at the White House some years ago, under the "pure eyes and perfect witness of all-judging" T. R. But to ascertain and prevent such evils, a drum-major leading a brass band would be more effective, generally speaking, than the wild tumult of

public hearings at the State House, as they were conducted, for instance, by the yet unstatued Butler in the year when, for our sins, he was Governor of Massachusetts, and sought to wreak his personal vengeance on the Marsh family at Tewksbury, and on calm and quiet Governor Talbot at Billerica, and Mrs. Leonard at Springfield. He did not get far in that narrow road, which led straight to his own defeat at the polls, and to the rehabilitation of Tewksbury under the judicious inspection of Mrs. Leonard and her colleagues of the central board, to whom, with singular spite and blindness, Butler had committed the management. Butler's public hearings injured the discipline and lowered the standard of care for the helpless in most of the State establishments in 1883, as a like crusade would do this year, although they are now under much better management than then, before training schools for nurses and non-political appointments had superseded the former situation, and given us well-trained superintendents and careful records of insane cases.

If the cases loosely or carelessly brought forward at the Tuesday hearing had been at the time reported to the superintendents of the hospitals where they are said to have occurred, the evils named would have been more effectively corrected than they can be now by detailing them in a committee room. No one in the State is more anxious than a faithful superintendent to hear of and to correct such breaches of discipline by his employees. The only real effect of Dr. Briggs' bill, if made law, would be to take up the time of superintendents in useless attendance on needless applications of restraint, such as Dr. Briggs himself would order if at the head of an asylum. It is an unpractical and academic attempt to prevent what is more effectively checked now by the rules of all good hospitals. "Let well enough alone" is a maxim that cannot be too often retold to inept or sensational lawmakers. If heeded, it would reduce the number of good vetoes which Governor Foss seems to have ready for useless measures such as find easier entrance this year than usual. Particularly the Republicans should take care against giving the Governor, whom they are trying to defeat, the chance of showing how much more he knows and cares about the interests of the people than they do. There are some indications that they are finding this out, and retrieving some of the blunders they have been making.

Again Dr. Bowditch came to the fore, and I noticed in the "Springfield Republican" of April 8, 1911, the following:

REGARDING INSANE PATIENTS AND THE BILL PROPOSED BY DR. BRIGGS
To the Editor of the "Republican:"

My attention has been called to a very extraordinary article in your paper regarding the recent hearings upon Dr. L. Vernon Briggs' bill relative to matters in our Massachusetts insane asylums. The article in question, a part of your Boston special correspondence printed April 1, is so biased and so prejudiced that I feel I must enter my protest against its tone, even

if further investigation shall not convince the writer or you, as editor, that the bill mentioned deserves the consideration of every right-minded person.

I think that I may claim that I am neither an "unrecovered lunatic" nor a "discharged attendant," and yet I happened to be present at three hearings to use what influence I could to induce people to listen to Dr. Briggs' pleas, which I believe just, humane and necessary.

According to the testimony of the men who stand high in the profession as alienists outside of Massachusetts, our State is lamentably behindhand in the treatment of the insane. Dr. Briggs, in simply an altruistic and scientific spirit, is trying to aid superintendents and others in authority to accomplish what other countries and States have already done. He has no desire for "investigations" and does not believe in them; unfortunately, however, his name has been mixed up with a politician who does.

I ask you, therefore, in common justice, to read Dr. Briggs' statement, which I have asked him to send you, for I believe such articles as that in your paper give a most misleading and hurtful impression of a cause which should be helped.

VINCENT Y. BOWDITCH.

BOSTON, April 3, 1911.

Although Mr. O'Brien, editor of the "Boston Herald," requested a statement of 600 words from me to use in an editorial, he evidently did not think I would speak quite so plainly, for he took back his offer in this astonishing reply to my statement which I sent at his request.

THE "BOSTON HERALD," April 4, 1911.

L. VERNON BRIGGS, M.D., 208 Beacon Street, Boston.

MY DEAR DR. BRIGGS:—Before your letter arrived I printed one of about the same import, — I think it was on Monday morning, — and that is as far as I care to go in the matter. Your own letter is one of the kind that we cannot print. I could not discredit our own editorial writer to that extent, even if he had been in as much error as you think he was; we could not do business if we allowed such things to be said about our own work. When to this is added the further fact that I am getting letters of commendation on this insanity article from the best people in the community, and the people who have the largest reason to know about it, it does not seem to me pertinent that we should beat a retreat.

Yours sincerely,

R. L. O'BRIEN.

This letter says that even though an editorial writer might be entirely wrong and state things maliciously

and falsely, Mr. O'Brien, as editor, could not discredit him, or allow criticism or corrections to be made if they reflected on the work of their editorial writer; and having received complimentary letters, probably sent by my opponents, he beat a hasty retreat from his request to me.

One of Mr. O'Brien's old classmates in New York, who was a friend of mine, chanced to see the editorial, and wrote him the following letter:

RAMSDELL DRUG COMPANY

763 FIFTH AVENUE

NEW YORK CITY, April 4, 1911.

MR. ROBERT O'BRIEN, *Editor, "Boston Herald."*

DEAR ROBERT: — I am writing you a personal and friendly letter and hope that you will consider it as such.

I have an editorial before me, published March 31, 1911. I am not going to try and display my scholarly education by trying to dictate to you; your editorial, if written by you, does not sound like you. I have probably investigated insane institutions a little more thoroughly than the writer of this editorial. In the first place, your editorial reflects upon a man who has devoted many years to the insane without pay and without being rewarded with any office whatsoever. I do not think you have carefully investigated this most humane object of Dr. Briggs'. I resent this editorial because it reflects upon a friend of mine. I admire a fair fighter, but I do not admire an unfair fighter.

What you say in regard to attendants is probably true in most cases; but you know, probably better than I do, if you investigate, that your institutions are in the most deplorable condition. I have not brought Dr. Briggs to visit you in order not to influence you or your paper in the least. I wish as a personal favor that you would meet Dr. Briggs and tell him upon what grounds and upon what information you are fighting this humane cause. I would stake my life that he is sincere in his fight for the betterment of these poor people who have no minds of their own, and many of them no friends.

You seem to be the only paper that has taken this stand; and knowing you as I did and your clean character, I am at a loss to understand the position you have taken.

Yours very truly,

CLIFFORD RAMSDELL.

Mr. O'Brien sent him the following reply:

THE "BOSTON HERALD," April 6, 1911.

Mr. CLIFFORD RAMSDELL, 763 *Fifth Avenue, New York City.*

MY DEAR Mr. RAMSDELL:—Of course I would consider anything you would ever write me as in a personal or friendly manner, as you suggest.

I do not have time to do all the things that have to be done on this paper. I have to delegate investigations to other people for reasons which you can well understand, and the policy of the paper must be based on broad, comprehensive returns rather than on any personal favoritism or editorial friendships. I took one of the strongest men I know of and gave him no instructions whatever, except to see both sides and find out the facts. He went over the Danvers Insane Asylum. He compared the legislation in other States, and he wrote the editorial. It has received the warmest commendation from some of the biggest men in this community, who have reason to know about affairs, mostly in the form of personal letters to me. The remonstrants are mostly, like yourself, those who like Dr. Briggs and have confidence in him, and with whom it is a matter of personal friendship. There is no very intelligent sentiment here that I can find to support the view that our insane hospitals are in a deplorable condition, or that things would be improved by the proposed restrictions. I have no doubt that Dr. Briggs is perfectly sincere and humane, and an excellent gentleman, as you suggest; but the people who ponder very long on one subject are apt to get very exaggerated views regarding it.

He wrote me an article which he wanted me to print in retraction; but I could not print it without dismissing the man who wrote the editorial, because it criticizes him so severely that for us to back up that criticism would be equivalent to an announcement of no confidence in him, and you cannot run a paper in that way. There are no better men in this community, not even Dr. Briggs himself, than some of the men who have written me in warm support of the editorial, as I could prove to you if you were here. However, this same editorial writer is going to the hearing next Tuesday, and I have requested him to write of that in a perfectly calm and sympathetic way, and try to show the other side that he was open to whatever was strong in their argument.

Yours sincerely,

ROBERT L. O'BRIEN.

It is interesting to note that this editorial writer, in his efforts to "see both sides and find out the facts," had investigated one of the two Massachusetts institutions which I was always quoting as model hospitals, in which no restraint has been used for ten years or more.

CHAPTER VII

THE PUBLIC DECEIVED, AS SHOWN BY DR. GOSS' LETTER TO DR. COPP. —
HEARING ON SENATE NO. 501, A REVISION OF SENATE NO. 142

The State Board of Insanity were putting forth figures to show how restraint had been reduced. As an example I will quote a significant letter which was sent to the Board in answer to their request for statistics, dating as far back as 1895. Under my bill the restraint records would have to be uniform and represent the real facts, and not such ridiculous records as were then being kept.

TAUNTON STATE HOSPITAL, MASSACHUSETTS
DR. ARTHUR V. GOSS, SUPERINTENDENT

TAUNTON, April 3, 1911.

OWEN COPP, M.D., *Room 36, State House, Boston, Mass.*

DEAR DOCTOR: — Enclosed please find restraint record for the month of February, 1895. I would state, however, that the amount would be greatly increased had we reported at that time as restraint everything we now report.

This report does not include mittens, shoes locked, strong dresses or canvas suits, or camisoles with hands untied, all of which were used at that time without being considered or reported as restraint.

Very truly yours,

ARTHUR V. GOSS.

This was evidently not for public consumption, as neither the superintendent nor Dr. Copp published the above letter or in any way gave to the public the facts it contained. And still one reads in the Superintendent's Report of the Taunton State Hospital, as published in December, 1911, by the trustees, whose chairman was Dr. Stedman, the following:

The question of the use of mechanical restraint and seclusion in the care of the insane has from time to time been mentioned in our annual reports. It has been and still is our opinion that both mechanical restraint and seclusion are valuable therapeutic means when properly employed in carefully selected cases, but that their use should be restricted to such cases. In this institution, for over twenty years, a careful daily record of all restraint and seclusion has been kept.

The next hearing on Bill No. 142 was slated for April 5, but the following letter cancelled that date:

COMMONWEALTH OF MASSACHUSETTS
HOUSE OF REPRESENTATIVES

BOSTON, April 3, 1911.

Dr. L. VERNON BRIGGS.

DEAR DOCTOR: — It will not be possible to hear your Bill, Senate No. 142, as the Committee had intended, April 5.

If you will kindly let the Committee know when you would like to have the bill heard, we will be glad to accommodate your convenience. Kindly let me know your wishes and greatly oblige,

Yours truly,

CHARLES J. WOOD,
Clerk.

April 11 was the new date assigned. In response to a notification of the meeting, Rev. Elwood Worcester said he would come and bring Mrs. Guy Lowell to support the bill. Rev. Alexander Mann, rector of Trinity Church, said, "If you want me, I will try to go," and he did go. Dr. Russell of New York conveyed his support by letter. Bishop Lawrence sent his regrets that the date was not possible, but expressed his wish that he could be there and say a few words in support of the bill.

Dr. Copp in opposition obtained the support of Mr. Frank Sanborn of Concord; and after talking with him and placing things before him in his own way, Mr. Sanborn came out with a statement, published in "Practical Politics," that the "bill which Dr. Briggs has in-

troduced is ridiculous, to say the least, and should not be allowed to go any distance." "Now as to restraint," continued the Concord Sage, "let me say this: that we have in our institutions a number of insane people who have homicidal manias. Let one of those kill an attendant or a fellow inmate under the Briggs theory of the abolition of restraint, and this whole agitation will vanish into the air like smoke."

Clarence W. Barron, manager of the Boston News Bureau, who had attended the hearings, wrote on April 8, 1911:

DEAR DR. BRIGGS: — You have in your hands, in my judgment, the most important measure that is today before the State of Massachusetts. If you see any reason why I should not say so, as it is my business to study all these questions from the standpoint of finance and humanity, or if you know from the standpoint of finance and humanity of any more vital problem today before the Legislature, will you kindly correct.

Yours very truly,

CLARENCE W. BARRON.

Although Dr. G. Alder Blumer, superintendent of the Butler Hospital, Providence, R. I., supported Mrs. Cushing's bill for a State Charities' Aid Association, and gave me the impression that he would support these other bills, when I asked him to attend the hearing he wrote me, on April 8:

MY DEAR DR. BRIGGS: — You ask me to attend a hearing at the State House on Bill No. 142 next Tuesday, April 11, and I thank you for the compliment which the invitation implies.

I must say frankly, however, and emphatically, that I do not approve the proposed legislation. Were I a medical officer of an insane hospital or sanatorium in Massachusetts, I should oppose the measure and resent any similar attempt on the part of the Legislature to prescribe what should or should not be treatment for my patients.

He goes on to say that "the whole question is one of *treatment* — that and nothing else; and it is not for a

Legislature to arrogate to itself medical functions and dictate ways and means of medical practice." He seemed to lose sight of the fact that the Legislature regulates all medical practices in prescribing the use of alcohol and drugs, and the salaries of the medical men and their qualifications; that it regulates all important medical measures which have to do with the protection of the public against contagious diseases. The laws passed by the Legislature take charge of these people from the beginning when it prescribes how they are to be committed, and the law should protect them. They are a class by themselves. Patients cannot receive treatment in any institution without conforming to an act of the Legislature or rules of the Commission. Senate Bill No. 142 put the prescription of restraint as treatment into medical hands, and took it away from ignorant nurses and attendants, in whose hands it had been for years.

So I put Dr. Blumer down as another man who had been "seen" and influenced, and I was not mistaken, because later he opposed my entrance into a medical society, although his opposition was soon overruled, and I became a member of that society from which he and his friends were so anxious to exclude me. His letter concluded with this paragraph:

I am sorry that you and I cannot see eye to eye in this cause, for I feel sure that both of us have a common purpose in all our work for the insane, however much we may differ as to how reforms in treatment should be brought about.

The hearing on the redraft of Senate Bill No. 142 was held on April 11, before the Joint Committee on Public Charitable Institutions, as follows:

HEARING ON SENATE BILL NO. 142, AS AMENDED BY SENATE BILL NO. 501,
BEFORE THE JOINT COMMITTEE ON PUBLIC CHARITABLE INSTITUTIONS

(For draft of Senate Bill No. 501, see page 178)

STATE HOUSE, BOSTON, MASS., April 11, 1911.

THE CHAIRMAN. The Committee will come to order and take up Senate Bill No. 142, petition accompanying bill of L. Vernon Briggs, that certain forms of restraint be prohibited.

I want to say before we start out that Dr. Briggs states that perhaps it will not take him any more than fifty minutes or an hour to put in his case. If we cannot reach the end of this hearing before 1 o'clock, we shall have to go on with the hearing this afternoon at 3. We go into session, of course, at 2 o'clock; but I want to say also that we desire to give Dr. Briggs an opportunity for rebuttal after the hearing, and any one else who wishes to speak. The Committee wishes to give everybody a thorough opportunity to go over the whole ground. Is there any one now in favor of House Bill No. 142?

MR. HILL. My name is Robert W. Hill of Boston. I appear for Dr. Briggs, who is the petitioner for this bill. In opening this hearing I wish to say merely a word of introduction, as most of the case for the petitioners will be put in by other speakers. Before we start, however, I want the Committee to understand fully the attitude in which we come here today.

In presenting this bill, Dr. Briggs is actuated absolutely by a spirit of interest and loyalty for the welfare of the institutions of this State. We come in no spirit of hostility to any individuals, any organizations, or any existing condition other than as we think improvements may be made. We come not in a spirit of sensationalism. We desire no undue publicity attached to this matter which may bring the institutions or the citizens of the State into ill repute. This is a matter which to our minds may well be settled within the Legislature of the State, and should be settled without undue sensationalism or publicity of any sort. We wish no investigations. We expect to disclose no startling conditions. We merely come here with a bill which to our minds will remedy certain conditions now existing, and which may make a system under which the State insane institutions can be managed a little more efficiently than at the present time.

We ask that in judging this bill it be judged absolutely upon its merits. If there is any merit in the bill we should like to have that merit applied to the systems now in vogue. If there are any demerits in the bill we are only too glad to have them pointed out; and so long as the main object of the bill is not thereby seriously affected we shall be only too glad to entertain amendments and changes.

I might say that, at the time of the hearing a while ago, Dr. Briggs announced that after a great deal of discussion and writing to experts throughout the country, he had made many amendments, some of which have been made in order to satisfy suggestions made by opponents of his original bill; and today we come with another amended bill to satisfy certain other objec-

tions which have appeared reasonable and which have been made by opponents of his amended bill.

Dr. Briggs will present in his discussion the amended bill; and we say now that if other amendments can be suggested which do not affect the main purpose of the bill, we shall be only too glad to have them offered and considered, so that the bill may be finally judged and decided upon its merits. And in view of the situation in this State, and in view of the question, we ask, can any improvements be made in the situation? If so, does this bill fulfill any of the needs? In opening the discussion I will ask Dr. Briggs to make the first remarks.

DR. BRIGGS. Mr. Chairman and Members of the Committee: In pleading for the passage of the accompanying bill, Senate No. 142, or, as revised, No. 501, it is the purpose of those interested to bring about more humane treatment of our insane and delirious patients wherever they may be found. It is not in any way intended to interfere with the discipline of the patient who is capable of understanding why he should be put into restraint, but for the frightened individual whose mind is alienated, whose ideas are distorted, who already believes he is being persecuted. For the mentally alienated to be placed in restraint or shut up in solitary confinement, which is the worst punishment meted out to our criminals, results oftentimes, according to our best authorities, in the complete breakdown of a mind that could have been saved if treated like other hospital cases by gentleness, nursing and proper medical care. It is because the men most advanced in the treatment of acute insanity have found that it is not necessary as a rule to use restraint that we are now asking that our hospitals shall be encouraged to do the best work, the most scientific work, that is being done today. In two of our hospitals most advanced in the treatment of the insane — the Danvers State Hospital and the Northampton State Hospital — no restraint has been used by the superintendents for ten years or more, and this means actually no restraint, and at the Northampton State Hospital no hypnotics; there is not any contrivance for restraint in these hospital buildings. Most of the other State hospitals for the insane have reduced restraint and are reducing it voluntarily because they see the beneficial effects, but they are slow to give the full benefit of such treatment to the patient, while the private hospitals and general hospitals are only too ready to throw delirious patients into restraint and thereby often injure their minds beyond any hope of repair. Restraint or solitary confinement is frequently the last straw that in these cases breaks the thread between recovery and hopeless insanity. Many of the private hospitals are not prepared to take care of violent cases and have no right to receive them; but rather than give up the income derived from these cases they do receive them, and place them in restraint, thus torturing a mind already unbalanced, already suffering all it can bear with its disease. This also applies to the general hospitals which undertake the care of delirious cases without proper accommodations. They should at once prepare one or more rooms for the care of delirious cases. A ward would be better in which they could receive and take care of acute mental conditions as they care for every other disease which the human body is heir to.

Massachusetts should not be behind other States, but in advance of all of them. As far west as California, restraint is being abolished, and in the Napa State Hospital the open-door system is proving successful in the care of a large number of their patients. The Illinois Central Hospital at Jacksonville has abolished restraint for two years, and I am informed the Illinois Eastern Hospital for the Insane has no form of restraint whatever in use. At the City Insane Hospital at St. Louis they have had only five patients in restraint for any cause in a dozen years, and Dr. Atkins assures me he has never used narcotics since he has been superintendent. Dr. Blumer of the Butler Hospital, in Providence, R. I., was one of the first men to virtually abolish restraint when he was at Utica Asylum in New York.

Dr. John B. Chapin of the Pennsylvania Hospital for the Insane, Philadelphia, writes: "While at the Willard State Hospital with its 2,000 patients under most favorable conditions as to length of service of attendants, I did succeed, with the co-operation of my assistants, to abolish the use of restraint." He further says: "A nursing staff trained for duty will take the place of muffs and other restraint as a general rule. I believe in England, mechanical restraint is fairly and honestly abolished, and no substitute such as chemical restraint has taken its place. I visited one hospital in Scotland where I passed through all doors without a key, and I was informed that no attendant was allowed to carry a key. This is an example of the high development of the non-restraint system; the service of the trained attendants had displaced the use of all kinds of restraint and restrictions."

Many of the insane hospitals in Scotland have entirely done away with restraint. This means seclusion as well as restraint. Among the most prominent is the Sterling District Asylum at Larbert, where, as Dr. Drew tells us, Dr. George M. Robertson has been making a reputation of which any hospital physician might be proud. He is an enthusiastic leader among the champions of non-restraint and the advocates of women nurses for insane men. In no instance has restraint or seclusion been used at Larbert since 1902 (nine years), and during all these years no restraint or seclusion has been used in the Dundee Royal and Dundee District and the Haddington District Asylums.

One of the latest asylums to be built and equipped in Scotland is the Renfrew District Asylum, which opened its doors in April, 1909 (two years ago), and no restraint and no sedatives of any sort and no seclusion has been employed in this hospital in any case. The results have been most satisfactory. It is needless to say that "Morning Side" Asylum at Edinburgh never uses restraint or seclusion, and Krapelin's wonderful clinic in Munich, Germany, is one of the shining examples of what can be done without restraint. It is almost a pleasure to go through that hospital, for it is one of the few insane institutions which can honestly be called a hospital, and see the comfort and content of the patients, who all have almost perfect freedom.

The Central State Hospital for the Insane at Petersburg, Va., uses no restraint whatever, although it has an average daily population of 1,374 patients, this in spite of an overcrowded condition.

Dr. Mabon, the superintendent of the Manhattan State Hospital at

Ward's Island, New York, with its 4,491 patients, has virtually abolished the use of hypnotics and restraint. Dr. Mabon says: "The disturbed insane have hitherto formed one of the most difficult groups of cases to treat successfully; but with the introduction of the continuous bath, we now cure approximately 95 per cent of acute maniacal conditions. The patient lies upon a canvas sheet in a large tub, through which the water is constantly flowing at body temperature, and here a patient will sleep when unaffected by ordinary hypnotics." When the psychopathic wards of the Bellevue Hospital, New York City, were remodeled, a few years ago, "belts, cuffs, camisoles, and all forms of mechanical restraint were abolished, and the indiscriminate use of narcotics was stopped," says Dr. Gregory, the superintendent. "Further, female supervising nurses have been put in charge of the male ward both night and day, with most beneficial results."

Dr. Charles G. Wagner, superintendent of the Binghamton State Hospital, Binghamton, N. Y., said in a paper written as long ago as 1903 (eight years ago): "Occasionally we have patients who do not yield to mild sedatives. Formerly such patients were confined in cells, put in strait-jackets, muffs, belts and wristlets or mittens, and otherwise harshly treated; but now all such devices are regarded as barbarous, and, instead, we employ trained nurses educated for the special duties they have to perform. These nurses, through the exercise of kind and gentle discipline and ever-watchful care, have happily demonstrated that the modern methods are infinitely superior to the old way, where force was the dominating factor of asylum treatment." Continuing, he says: "The treatment of the insane today, briefly summed up, may be said to be the provision of pleasant and sanitary surroundings, good nursing, proper medical attendance, suitable diet, entertainment and congenial occupation."

Dr. Tomlinson of the St. Peters Hospital, Minnesota, writes me that restraint has not been used there since he took charge in 1892, nearly eighteen years ago.

I could go on enumerating asylums and hospitals in this country and abroad where restraint has been abolished anywhere from one to twenty years, but it would be only accumulating evidence of that which I feel I have given sufficient data. I want to quote one man whom you all know and the loss of whose services the State should deeply regret because he was one of the men who was far in advance in the humane treatment of the insane; and had he had the support of the State and the public, he would have been able to do much more for the insane than he actually did do, which is saying a good deal. This is Dr. Charles W. Page, late of the Danvers Insane Hospital. In 1907, in his annual report, he said: "I am aware that many persons regard non-restraint in lunatic hospitals as a fad of enthusiasts. I often hear this subject discussed in such terms or dismissed with such indifference that I infer comparatively few physicians, even, view this question from our standpoint, and therefore deem it proper to explain why mechanical restraint is abolished at Danvers." On May 17, 1904, nearly seven years ago, he read, at the State Board of Insanity Conference at the State House, a paper en-

titled "Mechanical Restraint and Seclusion of Insane Persons." In this he urged non-restraint. He said: "I formerly permitted the use of restraining apparatus upon patients, endeavoring to limit its use to rare and exceptional cases. While working under this policy I not only found it difficult to decide upon cases and to convince the nurses that restraint was seldom necessary, but every exception in favor of mechanical restraint seemed to weaken the courage and resolution of the nurses, as well as to diminish my influence and control over them. Then, too, as long as nurses understood that straps and jackets could be employed as final measures, they not only relinquished mild efforts too quickly, but were inclined to assume a dictatorial, aggressive manner towards patients upon slight occasion; and this spirit of coercion as evinced by the nurse in his or her attitude towards the patients was, according to my observations, the starting point of the trouble with refractory patients in the great majority of cases. Now the mechanical restraint is discarded, and the nurses understand that they will be regarded as incompetent unless they can manage the patients in their charge without resort to violent measures, seclusion and restraint. Intelligent nurses do not complain of such restrictions. They appear ambitious to demonstrate that a trained nurse can manage the insane without the fetters and instruments which are relied upon in such cases by the unprofessional keeper. Certainly the non-restraint rule has advanced a kindly and humane spirit in our wards as no other measures could have done. Nurses have no temptation or power to control patients by threats of punishment. Under such conditions, whatever native tact, art and persuasive powers the nurse may possess are rapidly developed, and as a result more sympathetic, friendly relations are early established between the nurse and patient, and the common annoyance and irritations formerly experienced by both parties are largely avoided. The beneficial effects thus ensuing, when considered in the aggregate, are of such magnitude I am resolved that the non-restraint rule shall not be broken, except as a last resort — as a life-saving measure. Since that time I have been responsible for the custody and treatment of more than 6,000 insane persons, not one of whom was restrained by mechanical appliances by my orders or within my knowledge." Dr. Page goes on to say that seclusion is another form of restraint more harmful to the mind than many of the apparently more brutal restraints now used.

It is a fact to be seriously considered in Massachusetts that many, many hospitals in this country and abroad abolished restraint from one to twenty years ago, and we, when this bill is introduced, have only two hospitals for the insane which have abolished restraint, and this has been done through no order or request of the State Board of Insanity, which has at least advisory powers, but entirely by the efforts of the superintendents in charge. This is why we ask you to pass a bill that will bring the standard of our hospitals up to the best in the country.

Mechanical restraint and seclusion is a small part of the restraint used. Chemical and therapeutic restraint cover a multitude of sins. The neglect in furnishing occupation and employment to over 4,000 idle patients is one of the chief causes for restraint being used.

I visited, on April 4, the Manhattan State Hospital, New York, with its 4,800 patients. Dr. Kirby, the psychiatrist, late of Worcester, told me that not one patient was really in restraint or solitary. They have virtually abolished both. The ward where the most violent patients are kept is a one-story pavilion built of wood a few feet from the ground, and the rest of glass or windows without bars or screens of any kind. Many of these windows were lowered halfway down at the top. The patients were mostly in bed and under no restraint, and there was no place for solitary confinement, there being but one open ward, filled with sunlight and air. In the acute wards in the buildings and the violent wards, if the patients get restless, restraint is not used. They do not struggle with them, but they quiet them by therapeutic measures — by placing them in the continuous bath, where the most restless patient soon becomes quiet and often goes to sleep. Here they are watched over by a nurse in constant attendance, and know they are being treated and not punished.

In the acute wards and buildings which we went through there is a physician with three assistants in attendance from 8 in the morning until 5 in the afternoon. They only leave the wards during these hours for their lunch. At night a physician goes on, who makes one round during the night and can make many more and sometimes does. In the reception wards there are 4 physicians to 100 patients and 1 nurse to about every 5 patients. Many of the most violent cases sleep out of doors; the fresh air seems to quiet them. The continuous bath is used without greasing the body in most cases. It is really of therapeutic value and quiets the most restless patients. They are placed in the bath for a few hours up to two or three weeks. When they are in the bath for more than a day they are taken out each day for a couple of hours to have the tub scrubbed, etc. It is not unusual for them to place a patient in a bath for nearly three weeks.

This bill is not my bill by any means. I did not write it as it is. It was first drawn up by Putnam & Putnam, the lawyers, and the clerk of the Senate. I then sent a copy to the leading alienists in this country and asked them for their approval or disapproval and to make such criticisms or suggestions as they thought best. Not one man to whom I sent the bill disapproved of it. The bill presented to you is the result of their criticisms and suggestions.

Mr. Robert Boit came to speak in favor of the bill, but was called away. Dr. William L. Russell, the superintendent of the Long Island Hospital, and for six years the inspector of the insane institutions of New York State, told me last evening that Bellevue Hospital sent a man nurse or a woman nurse for every insane patient, with most beneficial results.

SENATOR NASH. I understood you to say that at the present time, as I also understood Dr. Copp to say one day here, I think, that at present the State Board of Insanity does not have authority in this matter. Didn't I understand you that way? That is, they cannot instruct the asylums in matters of this sort.

DR. COPP. The administration of the hospitals is in the hands of the trustees.



A ROOM USED IN 1911 TO SECLUDE PATIENTS IN ONE OF THE STATE HOSPITALS FOR THE MENTALLY ILL IN MASSACHUSETTS. NOTE THE OAK DOOR STRENGTHENED WITH HUGE TIMBERS, THE SHUTTERS SHOWN TO BE OPEN WERE CLOSED WHEN A PATIENT WAS SECLUDED, AND THE BED WAS OFTEN REMOVED.

SENATOR NASH. This simply makes uniform what is now being carried on so successfully in Northampton and Danvers?

DR. BRIGGS. The object of this bill is to uphold the superintendents. It inflicts no penalty on the superintendents. It enables them to inflict a penalty on their employeess if they do not uphold the law. That makes a uniform regulation in the State. At present every hospital has its own government.

THE CHAIRMAN. Would you mind explaining this to me, Doctor? In the first section, towards the bottom of the sheet there, it reads, "Active homicidal or suicidal conditions, physical exhaustion, infectious diseases," and the like of that — that in those cases there should be no restraint. Would it require any restraint on physical exhaustion?

DR. BRIGGS. Yes, sometimes. That might simply be restraining the patient in bed, or it might be giving the patient a continuous bath; but to prevent physical exhaustion which results from a patient becoming violent or agitated, as we express it, he should be put under restraint of some kind; there is no question about it.

THE CHAIRMAN. Does that apply to ordinary restraint? It says, "shall not," I believe.

DR. BRIGGS. It says, "shall be — Such application shall be made only in cases of extreme violence, active homicidal or suicidal conditions, or physical exhaustion."

THE CHAIRMAN. Infectious diseases?

DR. BRIGGS. That is where a person may be delirious, may be suffering from either typhoid, scarlet fever or other disease, where it is best, if it is typhoid, that he should be put in a bran bath, etc.

SENATOR NASH. Is that covered in the amended bill?

DR. BRIGGS. Yes.

THE CHAIRMAN. Do any members of the Committee wish to ask Dr. Briggs any questions?

REPRESENTATIVE KEEFE. What I should like to ask you is this, Doctor, if you please. Do you consider a patient who is confined in a room as being under restraint?

DR. BRIGGS. If confined alone in a room, yes; the best treatment for an insane patient is never to put him alone in a room. A patient shut up in a room should be accompanied by a nurse or attendant.

REPRESENTATIVE KEEFE. If you please, Doctor, would you consider a patient all alone if the nurse or attendant was outside the door and not in the room with the patient?

DR. BRIGGS. If the door was locked, yes; if the door was open, no.

REPRESENTATIVE KEEFE. Suppose, Doctor, the fact was that the door was closed and the attendant was on the outside of the door, not inside with the patient, and the door was not locked — what would you then say, in view of those facts?

DR. BRIGGS. I should consider that seclusion.

REPRESENTATIVE KEEFE. What would you consider a patient being what

I should term wrapped in a canvas apron, laced in the back, out in the ward? Would you call that restraint, or what?

DR. BRIGGS. That is restraint, absolutely.

REPRESENTATIVE KEEFE. And you object to that?

DR. BRIGGS. Absolutely. It is usually considered by the patient as punishment and not as a therapeutic measure.

REPRESENTATIVE KEEFE. Do you feel that female nurses or attendants would be better in all cases?

DR. BRIGGS. I think female nurses should be employed in all cases, and that male attendants should be abolished.

REPRESENTATIVE CLIFF. You go right on and say here in this bill that the books shall be open to the inspection at all times of the trustees and other persons having charge of the hospitals. Are they not now?

DR. BRIGGS. Yes, they are now. That is only corroborative of the present law; but it cannot do any harm to say so.

SENATOR QUIGLEY. I should like to ask a few questions. In the history of our institutions, has this matter ever been brought to the attention of our State Board of Insanity?

DR. BRIGGS. In April of 1909 the State Board of Insanity, if I am correctly informed by their own records, issued the first statement for an abolition of restraint. I think I have their report here, which speaks of it. This is the report of the State Board of Insanity for the year 1909: "The matter of restraint and seclusion of patients has received much attention. The Danvers and Northampton Hospitals have not resorted to the use of mechanical restraint for some years, and the amount in use at the other institutions has been steadily diminishing. In order to emphasize the great importance of resourceful effort in reducing it to a minimum, and eventually abolishing it altogether, the Board has, since April, 1909, had monthly reports from the superintendents of the number of patients in restraint and seclusion, the length of time such was continued, the kind of restraint employed and by whom it was ordered. While it is yet too early to draw valuable deductions from a study of these reports, it appears that the number of persons in restraint and seclusion in all the institutions under the supervision of the Board was, in the month of October, 45 per cent less than in the month of April, and that each month has shown a progressive decrease in the number of these cases."

SENATOR QUIGLEY. The point that I am trying to bring out is this: Has the period of trial in Northampton and at Danvers been long enough to adduce any good argument in favor of the extension of the idea?

DR. BRIGGS. Certainly; it has been over ten years.

SENATOR QUIGLEY. I am very familiar with Northampton. Is Danvers the same? Has the situation been the same in Danvers?

DR. BRIGGS. With the exception that in Danvers they use hypnotics more or less. They do not use drugs in Northampton to take the place of restraint.

SENATOR QUIGLEY. In private institutions throughout the State do they use restraint?

DR. BRIGGS. In the private institutions, which this bill is aimed at, they use a great deal of restraint; and that is the main thing in this bill where the value to the Commonwealth and to the people is going to be.

SENATOR QUIGLEY. Then you are trying not only to regulate our State institutions, but the private institutions as well?

DR. BRIGGS. The private institutions are the most flagrant offenders in the use of restraint.

THE CHAIRMAN. Are there any other questions that any member wishes to ask the Doctor? If not, call on your next man, Doctor.

DR. ALEXANDER MANN (Rector of Trinity Church, Boston; now, Bishop of Diocese of Western Pennsylvania). I am here just for a moment, gentlemen, because I confess I am interested in the bill as I understand it. As I understand it, it is to prohibit mechanical restraint of the insane, except where such restraint is either personally administered by the superintendent or a physician in charge, or in his presence, or by his written order, and also that all mechanical appliances for restraint should be under his personal guardianship and control.

Now just how far that is the case today I do not know. I think it ought to be the case altogether. I confess I was very much interested in this matter because of a book that appeared in 1908, three years ago —

THE CHAIRMAN. What is the title of the book, Doctor?

DR. MANN. I have the book here, "A Mind That Found Itself," by Clifford E. Beers, a book which interested the late Prof. William James very much, and of which he says, in a letter to Mr. Beers dated November 10, 1907, "This book ought to go far toward helping along that terribly needed reform, the amelioration of the lot of the insane of our country, and ought to work improved effects on the whole situation."

I may say briefly that it is the case of a young Yale graduate, a man who graduated from Yale in 1897, and who became insane and was successively confined in certain private and also certain public hospitals for the insane in the State of Connecticut. The book I read with great interest, and it made a very strong impression upon me, as a sort of testimony from within as to the effect of mechanical restraint upon the insane.

I do not know of another case of where a man of education has become insane and recovered and then written a book about it. That is what gave the book considerable interest to me.

Also I was interested in a paper which appears in this book as Appendix 1, with which, perhaps, you gentlemen are familiar. It is the paper of Dr. Charles W. Page of the Danvers Hospital, read at the State Board of Insanity conference at the State House in Boston in 1904, four years before this book appeared. The gist of it is simply this: It is the strongest possible appeal, not simply for what this bill asks for, that is, that restraint shall only be administered by the superintendent, and that all instruments of restraint shall be kept under his personal control, but Dr. Page in that paper in 1904 went further and wanted restraint absolutely given up, for reasons that he states in the article.

I will not take up your time with those. That, gentlemen, was the cause of my coming down on a rather busy morning. I frankly wish to say that I do not know how far the provisions of this proposed bill may be already embodied in the laws of Massachusetts. It is only because I believe in the principle of it and because it seems to me that we have rather strong evidence concerning it by such men as Dr. Page, and also the statement in this book, that I came down here.

MR. HILL. I will ask the Rev. Dr. Elwood Worcester of the Emmanuel Church to speak.

DR. WORCESTER. Saying the few words I have to say here in support of this bill, I would like, in the first place, to express my appreciation of what I know of the work that is already being done, and my appreciation of the character of the men who are caring for the insane in the principal institutions of this State.

I believe that those are men of the highest character, of humane disposition, and that they are doing well one of the most difficult tasks that can be given to man to perform, one of the most trying and one of the most painful tasks, and that they are doing that work in the most humane and benevolent spirit. I feel, however, that this bill is simply helping them to carry out their benevolent intentions, and that it is aimed not as any criticism of those who are trying to do well, but in support of their efforts, and I believe it will help them in several ways. Anything that will help make the condition of the insane more tolerable, and their treatment more humane and more moral, will have a very good effect upon the institutions that are carrying it on.

The testimony of these grizzly accounts that come up of the maltreatment, injury and abuse of the insane persons is doing our institutions great harm; and in the second place, everybody who is at all acquainted with these questions knows that the more we can depend upon rational therapeutic treatment and mild means in the care of the insane, the better it is for them.

Violence never creates anything but a violent state of mind, and the *physician who depends upon physical coercion and violence ceases to be a physician in any real sense of the word, and can rise no higher than a jailer.*

The purpose of this bill is to put the responsibility where it belongs. It is to enable those men who desire to do well to have absolute control of the situation and not in any way to interfere with their authority. I think it is well understood by persons who have made a study of the insane that moral means are infinitely superior to physical means, as far as restraint or violence is concerned.

I went in yesterday to the Boston State Hospital. I was not expected. I presented myself and asked to be shown over the worst wards of the hospital. I confess I was very greatly impressed. I saw there, in the first place, in the women's ward, a sort of cage of wild animals, — pandemonium, you might say, let loose. Persons hollering, persons gibbering, persons absolutely unable to control themselves; persons screaming, calling, uttering all sorts of sounds and cries; and standing there, confronting them, kind, gentle ladylike women, who were trying to calm them by moral influence and no other means.

I visited the Willard Asylum in New York, and I found the same conditions there.

In conclusion, I simply want to make one other remark: That we have shown in our work at the Emmanuel Church in the last five years that many and many a person can be kept out of the insane asylums by kind treatment, by good advice, by renewing their relations with mankind, and by prayer and religious faith; and the same conditions, the same methods and means that are able to keep people out of the asylums can very frequently improve persons in the asylums. I have on more than one occasion, by having permission to take persons out of the asylum, and treating them in the same manner, by rational means, by walks, by kindness, by moral influence, if not restored them to mental health, at all events improved their mental condition so that they may live in their homes at peace with their families.

From that point of view I would strongly recommend this bill, not with any reflection on the men who are doing good work, doing it well; but I believe in the long run it will be helpful and beneficial to have the means of punishment taken out of the hands of those persons who are most likely to abuse it; and when I say that, we all realize the strong provocation, the temptation that arises in the minds of persons who care for those persons, to be impatient, to be brutal, to be angry. Punishment of that kind, mere coercion, if it is to be applied to the insane, ought to be employed dispassionately by persons who feel it is necessary as a therapeutic measure, and never as a result of anger or revenge.

MR. HILL. I will ask the Very Reverend Monsignor Splaine, representing His Grace the Archbishop of Boston, to speak at this moment.

MONSIGNOR SPLAINE. Mr. Chairman and Gentlemen of the Committee: I desire to express the well-known interest of His Grace the Archbishop of Boston in every movement that has as its object the true betterment of the people of this city and of the Commonwealth. Particularly in the case under discussion, when these people find themselves in a position where they can do nothing for themselves. If there are today more humane methods by which these patients may be treated successfully, I think that all good men will agree that the better methods always should be employed. I do not know whether or no the very best methods are not being employed today. If certain remedies that are now applied are found to be objectionable, for the reason that they are not applied by capable people, I think that the State should see that those means are applied by the most competent people to apply them; and again, I do not know whether or not the most competent men are employing them today. I have no personal knowledge to that effect. I do wish to say, however, that it has been my privilege and my happiness to bring spiritual consolation to the families and to the broken hearts that are left at home by some of these patients who have been committed to public or private institutions, and I think that if we could reassure those people and let those people see that it exists on the statute books of this Commonwealth that their dear ones who go practically to a living tomb are receiving the very best attention, and that that best attention is commanded by law, I think that it will go a great way to

reassure those broken hearts with whom I have come a great deal in contact; and not only the families of those, but I think the citizens throughout the whole Commonwealth will feel better if they realize that it is a matter of law here that not only perhaps the very best methods are being used today, but as a matter of law the best methods must be used. I think one of the very beneficial effects of this law will be to reassure public opinion and to make the people of this whole Commonwealth feel that if there are splendid methods to be adopted today, Massachusetts leads the way and adopts them.

If we can effect any legislation that will make not only the families feel reassured, that will not only benefit those committed, but reassure and tranquilize the whole general public opinion, we shall not have acted in vain in passing this bill.

I thank you, Mr. Chairman and gentlemen.

DR. ALBERT EVANS. Mr. Chairman, I want to avail myself of the opportunity of appearing in support of this measure. This law is aimed at a few possible leaks in the wall of protection which the law throws around the individual.

Law is a wall of protection for the safety of society, and law shall guard the rights of the individual. Laws are made to meet the needs of the present. Law in the making could not comprehend the demands of the future, and with the advance of civilization old laws may be repealed, new laws must be made. There are loopholes in this protecting wall; and when they are discovered, the breach must be filled.

Law should be the highest expression of human intelligence, and that, gentlemen, is the chief characteristic of this measure. It is an intelligent bill. All that this bill demands is that every method and every application in practice of every method used in the care of our mentally diseased shall be guided by the light of intelligence. A lack in the legal regulation of the treatment of our sick and diseased leaves a loophole for the exercise of man's inhumanity to man. The State is the foster mother of these unfortunates, and it is the duty of the State to lay down the law to regulate the conduct of her servants. It is not your duty, sir, to consider the practicability of this bill when it shall have become a law; that is a problem for others to work out. You are to consider but two phases of the question.

First. — In the first place, you must be persuaded in your own minds that this bill is necessary. Sir, we cannot only prove its necessity, but its urgency.

Second. — In the second place, is this bill expedient? In other words, is a law in this spirit likely to advance us in the conduct of our hospitals? The State has done well in taking over the care of a large majority of these patients, and in doing so she has done her duty by society; but the insane man is in the hospital for his own benefit, and every detail of his treatment is not alone for his immediate comfort but for his improvement and possible cure. In homicide there is not necessarily any suffering on the part of the victim of the assassin but to be worried to death; that is the keenest agony.

The insane man, because of his infirmity, is highly sensitive to physical harshness. To his way of thinking he is all right; it is society that is out of

joint, and society is his enemy. Even judicious care and attention is often misinterpreted by him into means of abuse. In the care of the insane, great intelligence and great humanity must be brought to bear; and when it comes to the very threshold of human sanity, the wisest and best must control the situation; and if your servants shirk from this duty, you must require that they give an account of themselves.

Why are we here pleading for a cause so just? Who are they who do not endorse this bill? It may be that they are the men whose duty lies in this direction.

The opponents of this bill may attempt to intimidate with the threat of possible resignation should this bill become a law.

Gentlemen, you will not waver in your duty on this account. All we ask is that you give this bill your best thought. The passage of this bill will not add great luster to the glory of the Commonwealth, but without this law there will remain a blot on her escutcheon.

DR. VAN ALLEN. My name is William Harman Van Allen. I am the rector of the Church of the Advent in Boston. I am chairman of the Diocesan Social Service Commission of the Episcopal Church, and I am an officer or an active member in various benevolent and philanthropic societies in Boston. I do not pretend to speak as an expert at all in matters of insanity or nervous diseases. I speak merely as a citizen much concerned with whatever means progress, and I have had occasion very frequently in my own regular work to come into contact with persons of disordered minds.

There are two attitudes toward the insane which are altogether too common, even yet, in our advanced civilization. One attitude is always to see something funny about it. That is the survival of the dark ages which made the imbecile a jester at the king's court. There are people who laugh at mental disorder. The vernacular of our newspapers recalls to my mind a collection of slang phrases in connection with insanity, which are supposed to be funny. I might bring a laugh out of this company assembled here, if I but mentioned those phrases. Some people laugh at the word "bughouse," and think there is something droll about it.

The other attitude is the attitude of an angry resentment against the insane, as if, for the purpose of shutting him away, anything was justifiable that would keep him out of sight, — the attitude, apparently, of the farmer's small boy in beating the toad over the head with a stick. That attitude, exaggerated in the hospitals, makes them jails, the attendants jailers, and the prime purpose, keeping the insane away from the sane. That that attitude does still to some considerable extent survive is entirely a matter of record. This is our concern as citizens.

The State has been defined as a partnership in all good, and the State has a particular concern with those of its members who are not able to speak for themselves; with the children who are unprotected, and who cannot voice their own woes; with the very poor whose destruction is their poverty, and those persons who, if they do speak for themselves, have their word discounted by the fact that they are supposed to be mentally irresponsible.

It is therefore emphatically desirable that the State shall concern itself immediately and with urgency with whatever involves their welfare.

That there are abuses in connection with the present laws for the care of the insane in all our States is, I suppose, not disputed. The columns of the daily newspapers give us from time to time glimpses of incidents that are at any rate lamentable. The fact that any religious paper in Boston can tell you when a case of mental disorder appears in one of our families (we have all we can possibly do to persuade the responsible person in the family to permit the patient to be committed to the care of the insane hospitals) is evidence of a widespread distrust. That this distrust is in most cases unjustifiable we are quite ready to grant. It exists and it ought to be removed, if that be possible. How can it be removed?

One of the abuses in the care of persons mentally disordered is the application of coercion by untrained and rather low-grade servants. There are such. I do not mean to say, by any means, that a great majority of the employees, or subordinate employees, of public and private hospitals deserve that classification, but there are such.

I was talking the other day with one of the officers of one of the largest public institutions for the insane. He told me that it was a constant source of grief to him that the attendant's pay was so lamentably small that it was impossible to get men of high grade for those positions; and he urged me, if I spoke here today, to say a word on behalf of raising salaries, so as to get better men.

The fact is that cruel coercion is used. Restraint is a form of cruel coercion that impresses some people much more than others.

I do not know whether any of you people have ever had the experience of being locked in a room from which you could not get out. I have had it once, when a lock sprung in a small room, and I found I was unable to get myself free. I very nearly went mad, and I learned afterward that medical men called it paroxysmal frenzy, or the madness of being shut up. I suppose there are people supposed to be as sane as I am who, when they are shut up in a room and can't get away, have a paroxysm of frenzy. To have this treatment applied to a person with mental disorder at the discretion, or indiscretion, of a hireling is brutal, criminal.

So far as I can understand this bill, there is no intention on its part to take away from the hospitals for the insane any authority they now possess to use in their own discretion and judgment whatever forms of control are necessary. But the bill does provide that such restraint shall not be used except upon the warranty of intelligent, educated, cultivated men of high character, ready to take the responsibility for their acts.

We all of us trust our physicians; we realize that there is not a class of men of whatever profession — I do not even exempt the clergy — whose general good-will to the cause of humanity is more admirable than physicians in general. But what we want to do is to see that they shall be themselves immediately responsible as a matter of record. And if that means a reconstruction of the internes in the hospitals, let us reconstruct; let us raise salaries; let us remem-

ber that the prime purpose of the hospitals for the insane is not to lock away disagreeable people so that we shall not be bothered with them, but, if it is possible, once more to make them useful members of society.

I have visited several of our public and private hospitals for the insane in Massachusetts, and I am going to speak of one — but if you will excuse me I will not name it. It is a private institution for the insane, supposedly of very high rank. Judging by the bills which it presents, it must be of the highest rank. Every door in the institution is locked. I could not draw a full breath when I was there as a guest. I could not pass from one end of the corridor to the other without some one coming with the keys to let me in, and then to let me out, and then to lock me up again. If I were naturally disposed to be insane I am quite sure that a week there would finish me. As I have inquired, no sort of curative measure is used. There is restraint, there is oversight, there is the presence of a nurse, and there are these locked doors; and so far as I am able to gather, it is as if over the door it was written, in the burning sentence that Dante saw in the face of Hell, "All ye who enter here abandon hope."

If there be other private institutions of that character, I think the Commonwealth of Massachusetts owes it to itself to resume the leadership here, which, from what I have heard, she is in danger of forfeiting.

EDWARD H. CLEMENT of the "Boston Evening Transcript." I simply wish, Mr. Chairman and Gentlemen, to reiterate the point which has been anticipated by two previous speakers, — that to me the important element in this bill is its effect upon public opinion. I leave the question to experts for the details; but as an editor of a paper which has had a great deal to do with charitable work, I know that the prejudice against public institutions, not merely those for the insane, but those for the poor, is so widespread that it really prevents the best use of the munificent provisions we have made at the public expense.

This bill will have a great effect in quieting those suspicions and in doing away with that horror of public institutions. As has been said, it may not rectify any abuses if abuses do not exist, but it is a guarantee to the public; it is a large advertisement to the popular mind, and an education to the popular mind, that humanity presides in these institutions, and that the poorest are not liable to the abuse of the careless and ignorant, cruel and passionate keepers. The point has been so well stated before that I need not reiterate it. That is the angle at which I see it in its relation to the public and the poor.

MR. HILL. We have others here to speak, but in view of the lateness of the hour —

REPRESENTATIVE KEEFE. You might ask those to rise who are in favor of the measure.

THE CHAIRMAN. If you have any one who wants to say in a few words that is not cumulative, of course I am willing to sit and listen a little while longer. If you have not, I will ask those who are in favor of the bill to rise.

MR. HILL. I might say that Representative Merritt of Norwell came in and asked to be recorded in favor of the bill; also, that Judge Bossom sent word that he would like to be here to speak for the bill, but he has been un-

avoidably detained, and may not reach here in time. Mr. Clarence W. Barron of the News Bureau is detained at another hearing, and he has asked to be allowed to speak. I wonder if there will be an opportunity to hear him later.

THE CHAIRMAN. Yes, if there is anything new to offer. Dr. Briggs wants to say one word.

DR. BRIGGS. Mr. Barron has sent in word to me twice that he is desirous of speaking for the bill, but is now with the Waterways Commission, but will be in later.

THE CHAIRMAN. He can come in on the rebuttal. All those in favor of this bill will please rise. [Thirty-one rise.]

The Committee is willing to listen to any one who has anything to say against this proposition. It is understood that we close here at 1 o'clock, and if we have not finished then we can reconvene at 3 o'clock.

DR. HENRY R. STEDMAN (who conducts a private hospital for the insane in Brookline). Mr. Chairman and Members of the Committee: I am Dr. H. R. Stedman of Brookline, chairman of the Board of Trustees for the Taunton State Hospital.

THE CHAIRMAN. Do you appear as a remonstrant?

DR. STEDMAN. Yes, a remonstrant. In one respect, I follow Dr. Briggs in this matter, and that is, in reading what I have to say, as it is such an important matter that I do not wish to lose any point. I strongly protest against this bill. First and foremost because it is entirely unnecessary, and because no such abuse of restraint as it implies exists in our hospitals. It is also unprecedented in providing for the regulation by statute of details of care and treatment in institutions which are invariably left to the discretion of hospital trustees and superintendent and to State commissions. It is also distinctly harmful because of the popular prejudice and hostility it excites towards our institutions over conditions which do not prevail. Defects or abuses in connection with any method which involves the health or liberty of public charges must be pronounced to warrant the enactment of a law to prevent them, and any one familiar with the true situation would instantly suppose, on reading this bill, that it was the outcome of grave mismanagement and abuse in this direction.

What are the facts? The records of the State Board of Insanity to which, by the way, the amount of restraint employed in our institutions for the insane is and for some years has been regularly reported each month, shows that of 13,000 insane patients in our hospitals but nine-tenths of 1 per cent were subjected to mechanical restraint during the month of February last, and practically the same figures obtain for the other months. This includes all kinds of restraint from the camisole and restraint in bed to locks on slippers to keep them on. It also covers periods of time ranging from days to an hour and less, and the cases of continued restraint are so few as to be insignificant in proportion to the total number of insane patients under the charge of the State. Not only is this the case, but in two of the seven large State hospitals — Danvers and Northampton — there is no restraint of patients whatever, and in one other — the Taunton State Hospital — non-restraint is the rule

to which there are only the rarest exceptions. At present we have no patient in actual restraint there. [Compare with page 156. — L. V. B.] The amount of seclusion for the same period is also, it so happens, nine-tenths of 1 per cent of all the patients in our hospitals, whether they are shut in their rooms for an hour at a time or a day or longer.

Whether a minimum of mechanical restraint or no restraint at all shall be practiced is a very close and much disputed question. Not all the enlightenment is on the side of the advocates of non-restraint, by any means. Many able, wise and experienced medical superintendents still think it not humane to refuse restraint in special cases, such as persistent attempts at self-mutilation and violent, impulsive attacks of homicidal frenzy. Even the bill before us implies the necessity of such restraint in cases of "extreme physical exhaustion, infectious disease, or following an operation or accident which has caused serious bodily injury," and a large proportion of this nine-tenths of 1 per cent who are in restraint in our hospitals would probably come under one or other of these very heads, especially that of "extreme physical exhaustion" from continuous maniacal excitement. So that the percentage of patients to whom this bill is applicable is even less than nine-tenths of 1 per cent.

The situation is even more striking as regards the use of chemical restraint by means of drugs. Hospital physicians have long since realized that the reaction from drugs in the way of increase of mental disturbance or loss of appetite and dulling of the mind renders such treatment, except temporarily and in extreme cases, distinctly bad for the patient and renders him more difficult to care for. Consequently they are rarely used. In fact, it is no exaggeration to say that the amount of sedatives and hypnotics administered in our institutions is infinitesimal, *e.g.*, according to the records of the Taunton State Hospital, where there are 1,000 patients, the daily average number of patients for the past six months who were given medicine to produce sleep was $12\frac{1}{9}$ per cent. This is the usual monthly average, and in the other hospitals of the State similar figures are the rule.¹

Another provision of the bill calls for a book in which records of all restraint shall be kept, which shall be open for inspection to trustees, members of the Legislature, Governor and Council, etc. Here is another particular in which the impression is given that hospital authorities are neglectful, whereas the fact is that such records have long been kept in all or most of our hospitals.

¹ The records of the Taunton State Hospital for a four-year period beginning 1910 show there were used at the hospital 50 grains apomorphine, 2,000 Brown Mixture Tablets, 42 ounces potassium bromides, 7 ounces sodium bromide, 1 ounce codeine, 20 ounces cocaine, 6 ounces chloral, 98 ounces Dovers powder, 1 ounce hyoscine, 7 pints laudanum, 7,466 grains morphine, 1 ounce opium, 480 ounces trional, and 500 ounces veronal. Compare this with Northampton for the same period, which hospital used no apomorphine, no Brown's tablets, 2 ounces potassium bromide, 2 ounces sodium bromide, $\frac{1}{2}$ ounce codeine, 1 ounce cocaine, no chloral, 10 ounces Dovers powder, less than 1 grain hyoscine, 425 grains morphia, 1 ounce opium, no trional, no veronal. It is also interesting to read that in a four-year period beginning in 1911 Taunton spent \$1,491.68 in the purchase of liquor, — more than any other hospital and more than eight of the other hospitals combined. These eight other hospitals spent altogether only \$550.46, and all of the above during Dr. Stedman's administration.

I am quite sure that speakers to follow me will bear me out in this. At all events, the practice at the Taunton State Hospital for at least twenty years has been for the nurse or supervisor to notify the medical officer in charge in each instance of the application of restraint. The fact of the restraint and the reasons why it is necessary are then entered in a special record book, open to inspection, which is provided for the purpose. Moreover, for the last two years the records of the restraint and seclusion have been regularly reported to the State Board of Insanity, which can thus compare, supervise and regulate the use of such restraint. [Compare these statements with Dr. Goss' letter to the State Board. — L. V. B.]

Speaking from an experience of over thirty years in the care and treatment of the insane of all classes, during which I have lived as physician in several large hospitals, and have been familiar with the methods employed in numbers of others, I consider this a remarkable record in the way of restraint of the insane, especially when we consider the large number of excited, violent and otherwise difficult patients under treatment in our State institutions, and I doubt if it could be surpassed by any other State in the country.

It is, then, for this very small number of patients under mechanical and chemical restraint, none of whom have been shown to have been improperly so treated, or to have been deprived of sufficient supervision at the time, that you are asked to favor this peculiar and ill-considered bill, and indirectly to countenance the absurd charges at the hearings and in the press that it has given rise to, — that our hospitals are mismanaged, that their inmates are generally abused, and that the care of our insane is far behind the times. By spreading abroad exaggerated and reckless reports of this kind the relatives of the patients are given an immense amount of anxiety. The sincere and humane motives which doubtless prompted this bill would, I truly believe, have prevented its framer from introducing it could he have foreseen this calamity.

Another and in my opinion fatal defect in the bill is that it calls for a specific law affecting details of the treatment of patients in hospitals. If enacted it would be the only one of its kind entered on the statute books of this or, I venture to say, of any other State or country. Such a provision would strike at the root of efficient management by materially restricting the discretionary powers of the trustees and medical superintendents of our hospitals and the supervisory duties of the State Board of Insanity. It is everywhere recognized that all such rules and regulations must be left to the hospital authorities, who shall be held responsible for the proper conduct of the institution, under the supervision of the State Board, one of whose prescribed duties in this Commonwealth is to inspect "every part of the institution with reference to the number of patients under seclusion or restraint," and "to make recommendations to the trustees and superintendents accordingly."

SENATOR NASH. You are the chairman of the Board of Trustees of the Taunton State Hospital?

DR. STEDMAN. I am.

SENATOR NASH. Do you appear in opposition to this because of the fact that it is going to affect the Taunton Insane Hospital?

DR. STEDMAN. Not in the least. It would not affect the hospital.

SENATOR NASH. Why do you object to it?

DR. STEDMAN. I object to it because there is no use in making a law for it.

SENATOR NASH. That is your assumption. Do you run a private hospital?

DR. STEDMAN. I do.

SENATOR NASH. Do you object to it more as affecting a private hospital?

DR. STEDMAN. No, not in the same way.

SENATOR NASH. What inspection is there of your hospital?

DR. STEDMAN. A regular inspection by the Board of Insanity.

SENATOR NASH. You are indirectly connected with that Board?

DR. STEDMAN. Not in the least.

SENATOR NASH. Do you believe there have ever been any appointments to the Board of Trustees but that the Board of Insanity have known about them?

DR. STEDMAN. I am sure of a number that they did not know anything about at all.

SENATOR NASH. Do you belong to the Boston Neurological Society?

DR. STEDMAN. Yes.

SENATOR NASH. Do you believe that they do not have something to do with the appointments of all these officers? Don't they talk over all these appointments as a rule?

DR. STEDMAN. Not as a rule; not to my knowledge.

SENATOR NASH. You do not think they have ever considered any of these appointments?

DR. STEDMAN. No, I have never heard of the society being consulted in such a matter.

SENATOR NASH. Isn't that really the purpose of the organization, — to give careful study to these appointments, and in the development of their system wouldn't they naturally consider the men who are going to be superintendents?

DR. STEDMAN. The society has got nothing to do with the appointment of officers in State institutions.

SENATOR NASH. Of course they do not appoint them. Do you mean to say that you don't think they have ever suggested to the Governor any appointment?

DR. STEDMAN. I am confident they never have and never would think of suggesting names to the Governor. Individuals might have, as individuals do everywhere.

SENATOR NASH. I think it was by individuals, but those individuals were members of your society, I think.

DR. STEDMAN. It was not necessarily because they were members of that society.

SENATOR NASH. That is a question. You say the State Board of Insanity has inspected your hospital. How many patients have you there?

DR. STEDMAN. I have a small hospital where I have fifteen or sixteen patients of all kinds, and I have twenty-six nurses.

SENATOR NASH. How often do they inspect?

DR. STEDMAN. I think about once a month there is somebody there, and then I often have somebody come out from the Board. When any patient complains that he ought not to be detained there I ask some officer of the Board to come out and see the patient.¹ [Compare with pages 36, 156. — L. V. B.]

SENATOR NASH. You said that you did not think that this society had anything to do with appointments. Haven't they a legislative committee?

DR. STEDMAN. No.

SENATOR NASH. One of the other medical societies told me they had a legislative committee.

DR. STEDMAN. The larger societies have legislative committees, but we do not.

SENATOR NASH. You say the inspection of your hospital is about every month?

DR. STEDMAN. Thereabouts. To tell the truth, I do not know exactly. Members of the Board, Dr. Fuller, for example, will come out at different times. Sometimes when I would like to have him see some patient he will come out, and he will then make his inspection at that time.

SENATOR NASH. Would you be willing to answer a question as to how the restraint in your private hospital compares with the restraint in Taunton? Of course, we realize that there is a great disparity in numbers. But what I mean is proportionately.

DR. STEDMAN. It is pretty hard to state a proportion.

SENATOR NASH. I mean what percentage. Is there more restraint as a rule?

DR. STEDMAN. I cannot say. I do not remember now in these years when I have used restraint for any length of time. It is much different, — the use of restraint in a well-conducted private institution than in a public institution in certain respects. Restraint is practically confined in the large institutions. The reason why restraint should be reduced to a minimum is the danger of it being kept on too long, because there are not enough people to supervise it. In places like mine we can put on a slight restraint and take it off in half an hour when the patient has quieted down. I have done that when the patient has been struggling with three or four nurses and has become thoroughly excited, I have put the patient to bed, and put an ice pack on, or in cases where I tried the warm bath, and that was also ineffective, with very good results. But the amount of restraint that I need to use is very small, indeed, and it is very rarely that hypnotics are used.

SENATOR NASH. You think there would naturally be more in a private than in a public institution?

DR. STEDMAN. I think there would be, yes.

THE CHAIRMAN. You say there is more restraint in private institutions than in the public?

¹ The records of the State Board of Insanity show that in 1901 the Board, or any member of the Board, visited only twice; in 1902 only twice; in 1903 only once; in 1904 only twice; in 1905 only once; in 1906 not at all — no visits; in 1907 only once; in 1908 not at all — no visits; in 1909 only once; in 1910 only twice.



DR. HENRY R. STEDMAN

Chairman of the Board of Trustees of the Taunton State Hospital
and Proprietor and Superintendent of "Bournewood," a Private
Hospital for the Mentally Ill

DR. STEDMAN. I should rather think so. As I said, in a properly conducted private place the use of restraint can be properly supervised, which it cannot always in State institutions, because of the small number of people employed. In private places the doctor lives right in the house.

SENATOR NASH. Do you live right in your institution?

DR. STEDMAN. Yes, I have three houses, in one of which I live altogether.

REPRESENTATIVE WOOD. You said you had twenty-six nurses for sixteen patients?

DR. STEDMAN. Yes.

REPRESENTATIVE WOOD. The rule in the public institutions is ordinarily one nurse to six patients?

DR. STEDMAN. One nurse to eight or nine. I should say from eight to nine.

REPRESENTATIVE HANCOCK. Dr. Stedman, do you have any experts who go to these hospitals to examine the condition of the insane?

DR. STEDMAN. Do you mean to my hospital or a State institution?

REPRESENTATIVE HANCOCK. You said you were a trustee of the Taunton Hospital. Do you have anybody outside of your own doctors to come there to examine the insane?

DR. STEDMAN. No, except when they are called into consultation. Sometimes some family will want their family doctor to see a patient.

REPRESENTATIVE HANCOCK. Don't you think it would be a good idea to have experts go to these different institutions and find out who is crazy and who is not?

DR. STEDMAN. No, sir, I think it would be a very strange practice, when the best experts are those who are living on the spot and are thoroughly familiar with the patients, and if other experts should come in, seeing them just on a visit, and not knowing the patient, they could not compare in usefulness and benefit to the patient to the man who was on the spot.

REPRESENTATIVE HANCOCK. I speak from a little experience. In your institution at Taunton you sent a lady as incurable to Danvers. Afterwards I applied and got her out, and she is now living down on the Cape in good health, and in good shape, but she was incurable at your place, and she was curable in another place.

DR. STEDMAN. Exactly so; and the same happens with patients who come from other hospitals to Taunton. In more cases than one a little change would be the thing that a patient needs to turn the scale.

REPRESENTATIVE HANCOCK. Wouldn't it be a good idea to have experts find out before you keep them there too long and get them crazy again?

DR. STEDMAN. I think we succeed pretty well on the whole in judging of a patient's condition. That is an unusual and an extreme case, like other exceptions.

REPRESENTATIVE KEEFE. I understood you, in reading your statement, in the first of your remarks, to hold up Northampton and Danvers, in your judgment, to comply with all the requirements of this bill.

DR. STEDMAN. I understand they have no restraint there.

REPRESENTATIVE KEEFE. That being the case, you do not do that at Taunton?

DR. STEDMAN. In Taunton we use it in certain exceptional instances, such as are specified as desirable in this very bill. On very rare occasions I said we had nobody in actual restraint in Taunton. We *have one man* who constantly denudes himself, and we cannot keep pace with him, so he has a canvas suit which laces in the back, but none of his movements are restricted. We have a desperately suicidal case. She has a camisole, with hands and feet loose, and another patient with maniacal frenzy, who makes constant and impulsive attacks on everybody. Her hands and feet are not enclosed, except in a long sleeve, so the real restraint does not exist at the present time at Taunton. [Compare with page 151. — L. V. B.]

REPRESENTATIVE KEEFE. What have you to say about what the Doctor said here this morning, — that you take that patient and put him in a bath?

DR. STEDMAN. That is always tried at Taunton in any case of extreme excitement and continuous excitement. They are then put in a warm bath and kept there in the hope that their excitement will moderate; and sometimes it is quite effective. Sometimes if they are kept there too long — you have to watch them and keep your hand on their pulse for fear they are not kept there too long.

REPRESENTATIVE KEEFE. In your opinion it is not advisable to keep a patient for twenty-seven or twenty-eight days in the bath?

DR. STEDMAN. It depends on how hot the water is. It depends upon the strength of the patient. It depends upon a number of different things. I couldn't give you any more definite rule than that.

REPRESENTATIVE CLIFF. Did I understand you to say that nine-tenths of 1 per cent of your patients are under restraint?

DR. STEDMAN. No, the patients in Massachusetts — of the 13,000 in the State.

DR. STEDMAN (resuming after recess). I would like to correct a statement I made about the visits of the State Board at my private hospital. I supposed that they came oftener in my absence. It was farther back than that. My assistant tells me it is not so, that they make a regular visit at least twice a year. There are often one or two visits in between.

I also do not know what the practice is with regard to other institutions. [Compare with page 36. — L. V. B.]

DR. GEORGE T. TUTTLE (McLean Hospital). We all have the same ends in view, which is the kind care and skillful treatment of the patients in our hospitals having mental diseases, and any difference of opinion that is expressed here has reference simply to the method of its attainment.

I would like to mention one or two objections that I have to this bill. First, I doubt if it is wise to attempt to prescribe by law how sick people shall be treated. That, I think, is a fundamental thing.

We have put through laws concerning contagious diseases, quarantine laws in general, which say that such patients shall be isolated or quarantined, but after that is done there is no law that I know of which prescribes how those

patients shall be treated. It has been considered a matter for the physician in charge. We have laws concerning the insane, prescribing that under such and such states of health patients shall go to the hospital; prescribing the method of commitment in advance, of his discharge, and so forth, but no law saying how he shall be treated after he gets to a hospital. That seems to me to be a fundamental matter, and there is one serious question whether we want to go into that sort of legislation. Certainly, no law of this sort ought to be enacted, except with the practically universal approval of the physicians who are competent to judge. The very fact that people are committed to the hospitals is evidence of the existence of a certain form and degree of restraint of personal liberty. It is, of course, a restraint that the patient is obliged to go to the hospital, is obliged to stay there, with locks on the doors and bars on some of the windows; but I suppose your Committee understands that so far as the great mass of patients who go to the hospital is concerned, no form of restraint mentioned in this bill is needed, or ever used. There are some exceptional cases which cannot be managed, as most of the patients can by advice, persuasion, moral measures generally, employment, diversion, hydrotherapy in its various forms, and other remedial measures; but there are a few exceptional cases where, perhaps, as this bill recognizes, some form of restraint can be used.

I do not remember just what the conditions were that are finally left in the bill, but I have seen in my experience cases of frenzy, as in cases of epilepsy, or where patients are persistently trying to mutilate themselves or commit suicide or are persistently violent and destructive, where such measures are useful at times as a last resort, but in a very small number of cases.

What can be done with such patients? I mean those that are not amenable to the ordinary measures of treatment. It seems to me it can be summed up either in the use of drugs for quieting effects, seclusion, some form of mechanical restraint, so called, or manual restraint, that is, holding by the nurses in these certain cases.

Personally, I have no use for drugs. They have to be given in large doses; the after effect is bad. I never use them.

As for seclusion, while it is long continuous, it is bad for the patient. There is no doubt about it, the one that is cut off from the ordinary stimulæ of life tends to degenerate mentally and in his habits; but for short periods of time, it does absolutely no harm to the patient, and is a great relief to their fellow patients, and it protects; and if instead of being put into a room where there is nothing for the patient to see they are put into a room with glass in the door [few hospitals had any doors with glass. — L. V. B.], so that they can look out and see what goes on around them, it takes away the element of solitary confinement, which is the bad element in it.

Dr. Briggs spoke of the way they take care of excited patients in New York. In those wooden shafts, with windows opening to the river, it is really wonderful how well they get along with them. I have seen them. I believe in that sort of thing, and the reason those excited patients are so easily handled there is the diversion they get by looking out and seeing the boats going up

and coming down the river, and so on. There is always something going on there.

So I think if we are going to put patients in a room it ought to be arranged so they can look out and not be put into solitary confinement. With each institution I think it will be still useful, and that hospitals could use them.

As to the other two forms, holding by the nurses, like all the others, there is a chance for abuse in their use; but I do not see why one cannot be controlled about as well as the other.

The most zealous advocates of non-restraint admit there are patients better taken care of by the use of mechanical restraint, to a certain extent, than by the other form of restraint; but the danger of using it is so great that we prefer to let those patients suffer for the good of the greater part. I don't see why a man cannot control this matter of mechanical restraint, in exceptional cases, better than he can control his nurses who take hold of those patients.

The constant instruction in the McLean Hospital is, "Do not touch a patient; let them alone, unless it is absolutely necessary." This often will provoke a contest. They will get along if you let them alone, in the great majority of instances. Now and then they have to be taken hold of. There is no other way. And now and then comes in the element of personal antagonism. If a nurse tries to hold a patient there is a personal contest, which is not present if you use some other form of restraint for some short period of time. It is easy enough to theorize about these things, but any one who has ever seen a desperate patient held hour after hour by nurses realizes the great danger that as they get tired out they may lose their patience and show resentment, or use unnecessary force. There is that danger. There is a fallacy in saying that the use of restraint necessarily means that patients are abused. It never is used for that purpose, but simply for the benefit of the patient.

I think that when you come to talk about the question of the ill-treatment of patients, the use of mechanical restraint does not promote it; but, on the other hand, I can conceive of instances where the nurses have difficulty in managing patients, and as a last resort might use intimidation and violence, in other words, abuse a patient. So I think any absolute prohibition of restraint would, if anything, tend to *increase* the amount of rough treatment which patients get in our hospitals.

Dr. Stedman has covered the ground so well that I will not take up your time to say that we have a Board of Insanity, an able Board, who have done everything they could to promote the proper care of the insane in our hospitals, who have conferences with the trustees and the superintendents of the insane hospitals, and this very subject has come up for discussion perhaps more than once.

During the last two years that Board has been getting statistics on this and bringing a certain amount of general pressure to bear on hospitals to reduce it to its lowest terms, with success.

No advances in medicine were ever made by legislation, but by individuals working in their individual capacity, — men who are perhaps in advance of their fellows, who set an example for others to follow. I think this whole

matter ought to be left in that way to physicians, and not made the subject of legislation.

THE CHAIRMAN. How many patients have you in the McLean Asylum?

DR. TUTTLE. About 222.

THE CHAIRMAN. About how many are there that you have to keep under restraint?

DR. TUTTLE. Today there is but one woman who has facial erysipelas, and she has her hands in a canvas box to keep her from digging into her face. [Compare with page 168. — L. V. B.]

THE CHAIRMAN. Do you say that all the rooms that you have in your institution have glass in the doors?

DR. TUTTLE. Not all of them, but those where I seclude patients have.

HENRY W. MITCHELL (Danvers State Hospital). In so far as the measures of this bill make for the welfare of the insane or for the hospitals, we are finally in accord today, and I certainly sympathize with all the remarks that have been made by the proponents and the opponents of this bill. I am also glad to find that the people who believe that the welfare of the insane would be enhanced by the adoption of this bill believe that the methods which the medical men adopt today are embodied in the bill itself. There is no more serious a problem that is presented to people who have to live with the insane, to protect the insane, to care for them, how best to care for the insane, to protect the insane person from himself and those associated with him, how best to care for those patients who fortunately form a small percentage of our hospital population.

Some statement has been made here today that the methods adopted in Massachusetts hospitals in recent years have been defective as compared with other States. That is a thing that interests us all. It interests us first of all, and other people should be interested from the standpoint of public policy. Whether or not that statement is warranted by fact is an argument, and I shall not enter into arguments; but I would like to read to you a list of the men who, in my experience, have been called from the State service of Massachusetts to take the control as superintendents of similar institutions in other States. This has all happened in the last eight or ten years. First, Dr. Adolf Meyer, for many years in the Worcester Insane Hospital, was called to New York City. Dr. August Hoch, for many years at the McLean Hospital, was called to the Albemarle Hospital in New York. Dr. Alfred Noble, assistant superintendent of the Worcester Insane Hospital, was called from that position to New York. Dr. Albert M. Barrett, trained for Worcester in the Danvers Insane Asylum, was called to accept a position at Ann Arbor, Mich., and teach on the medical faculty of that city. Dr. H. A. Cotton of Worcester and Danvers was called from the latter place to take control of the insane hospital at Trenton, N. J. Dr. A. H. Harrington, formerly at the State Farm, and at Danvers, was called to New York, and is now superintendent of a hospital for the insane in Rhode Island. Dr. G. S. Bliss, first assistant at the Waverley hospital, was called from that place to take control of a hospital in Maine. Dr. Little, for several years at Taunton and the McLean Hospital, was called

from the latter place to take charge of the school for feeble-minded in New Hampshire, and has since then been appointed to take charge of a hospital in New York City. Dr. B. W. Baker was called from the Taunton Insane Hospital to go with Dr. Little in the New York hospital. Dr. C. Irving Fisher was at Tewksbury and was called to a New York hospital. Dr. Thomas Howells was at Medfield and Worcester insane asylums and was called from the latter place to take charge of an insane asylum in New York. Dr. H. L. Barnes, who was at the State Farm and at Danvers, was placed in charge of a sanatorium in New York, and is now in charge of one in Rhode Island. Dr. H. W. Miller was at the McLean Asylum and also at the Taunton Hospital, and was called to take control of the hospital in Maine. Dr. F. L. Hills, who was at Rutland and at Danvers, left Rutland to take charge of a hospital in Maine. Dr. Owen Copp, who was at Taunton and Palmer, went from the latter place to Pennsylvania. Dr. A. J. Ranney, formerly of Tewksbury, is now in charge of a large hospital in Ohio. Dr. Harold C. Goodwin was at Tewksbury, and was called to a large hospital in New York.

Against that opinion that men and methods in the hospitals of this State are deficient, as compared with other States, I simply mention this fact, showing that other States have turned to Massachusetts for both men and methods. Those of us who remain in the State simply hope for the continuance of the helpful legislation which has made the past progress possible, and which warrants the hope that it may be continued in the future.

SENATOR NASH. You do not want any legislation? You think medical judgment should supersede all such matters?

DR. MITCHELL. Purely in such matters.

SENATOR NASH. You think we should exempt physicians because of their medical judgment? We legislate for every other avenue, and every other aspect of our State life.

DR. MITCHELL. Only so far as it applies to their daily judgment and daily work.

SENATOR NASH. We notice that the medical men have been as active as any others. They always have a legislative committee, especially when I was on the Committee on Public Health, several years ago. They have looked out for legislation pretty carefully, and yet you think we ought not to legislate.

DR. MITCHELL. I have stated my opinion in this case. I cannot do anything but repeat it.

REPRESENTATIVE KEEFE. What do you say as to female nurses taking care of male patients, rather than male nurses for male patients?

DR. MITCHELL. Men may differ. Personally I like to see female nurses as assistants in wards where it is possible to have it. I question seriously whether or not all of the hospital wards in one of our large State hospitals can be governed by women. I have been at the State asylum for criminals. There they have sixty murderers, men who were in close confinement in State Prison. I assure you that the problem there is an essentially different one, with these men making murderous assaults upon their keepers. A woman in that place would be entirely out of her sphere; but a woman in sick wards, a woman in

demented wards, or a woman in the quiet wards I believe in. Some of us would differ as to whether a man or a woman should be in charge. Personally, I would like to see a man and his wife in charge of our various wards. That is a recommendation which I have embodied in our request for appropriations this year.

Much more can be said upon this subject, but I will not burden you now.

A LADY. Admitting the necessity of occasional restraint, don't you think it would be a good idea to have a uniform law, to take it out of the hands of the attendants and put it entirely in the hands of the doctors?

DR. MITCHELL. I mean restraint in the sense of the word mechanical restraint. I believe there is no hospital in the country where the attendants have that authority. If you mean restraint where patients are put into a room, I will answer that question by citing a concrete instance. Some years ago, while I was assistant physician, I was sent for to come to the ward hurriedly in the night. I found that a patient had broken a chair. He was not secluded. He had taken a heavy piece of the ash wood and was running amuck, hitting everybody over the head with it. I cannot see how the welfare of the patient, or those about him, would have been improved by struggling with that patient. I believe the wisest thing was done in that case. The attendant succeeded in —

A LADY. Are the means of mechanical restraint always kept where attendants can get at them?

DR. MITCHELL. I cannot speak for any hospital except my own, and in that I simply say we do not use them. May I say one word? That raises a question. Dr. Page has been quoted here. I have had the advantage of several years' experience with him, and I think I have assimilated his views perhaps as well as the average person. We have both agreed that occasionally a person would suffer from the lack of this mechanical restraint, but it was better that that person should suffer for the sake of principle; that is, the greatest good for the greatest number.

A LADY. Don't you think it would be best to produce more cures if people would visit their relatives more than they do, Doctor?

DR. MITCHELL. That is a method which is so entirely out of the hands of the physicians that I cannot pass upon it. I think it would be better if the recoverable patients kept in touch with their families.

DR. GEORGE W. GAY. I represent the Massachusetts Medical Society, at the request of the president, who is unable to be here. My experience with the insane is limited to about forty years in connection with the City Hospital, where we have a species of insanity that is very hard to manage, and that is delirium tremens. That is a species of acute mania, and sometimes, during a slip in the watching of the nurse or the attendant, a patient has gotten out of the window and gone up and down Albany Street with nothing on to speak of except his nightdress, and chased by the attendants or nurses and a policeman or two. I do not see how you are going to control those patients unless you use restraint. There the custom is to put on a nightdress with legs and arms, and the legs and arms are longer than the limbs; they are fastened to the bed and then they are given drugs for twenty-four or forty-eight hours

to put them to sleep. Once you get a delirium tremens patient to sleep he is all right; but until he does go to sleep he is raising Cain in the worst sense of the word, — hurting himself, hurting everybody around him, he is yelling and hollering and keeping everybody awake within the sound of his voice. I do not think the Christian Science or mental influence or hypnotism or anything of that sort would have any effect upon the patient. That is the only kind of insanity that I have had personal experience with. I have had a good deal of that. We have anywhere from 100 to 150 cases a year in that hospital that have to be treated in something of this sort.

Now, in relation to the bill before you, gentlemen. I take it it is hardly worth while for this Committee, or for this Legislature to enact a bill whose provisions are already covered by the ordinary practice of the present day. There is nothing in this bill that is not in practice today, as I understand it, except the giving of drugs. The bill says distinctly you shall not give drugs except under certain conditions. The mechanical restraint is permitted in this bill in almost every sort of a case that it is necessary to use it in. Therefore that needs no legislation. The insane are treated today just as they would be if this bill was passed. Precisely. The custom of the insane asylums today is very near — is so near — what this bill calls for that it is hardly worth while to discuss the pros and cons. The only point that I can see in the bill that would interfere with the present custom of the hospitals is that you should not give a dose of catnip tea, or a dose of bromide of potash, to an old lady who is keeping a ward awake by her talk. That is hardly worth your attention, or worth the attention of the Legislature. Everything else in this bill, it seems to me, is provided for already.

In spite of the assertions that have been made to the contrary, I cannot help feeling that this bill is a distinct reflection upon every medical superintendent of an insane hospital, upon every doctor connected with an insane hospital, upon every trustee having to do with the insane hospitals, as well as upon the Board of Insanity in this State. If there is no abuse, what is the use of legislation? If there is abuse, why haven't your petitioners brought forward evidence here that would be so unimpeachable as to prove their point? I claim, gentlemen, that they have not done this. They have failed to prove the existence of any marked degree of abuse in our hospitals, either upon the part of the superintendents, upon the part of the doctors, or upon the part of the attendants; and until they do prove that point, it seems to me, gentlemen, that there is nothing for you to legislate upon.

THOMAS RUSSELL (trustee of the Worcester Insane Hospital). It is with considerable hesitation I appear here, a layman among all these experts, in such a matter. I think it well that a layman should be heard. I appear to represent our Board in protesting against this bill, not that the bill has much in it that is harmful, but it is a reflection upon the men who are running our hospitals today, and doing good work, and as good work as is done in the world in hospitals.

Further, it does not seem to me that it is wise for this Committee or this Legislature to undertake to arrange the details of the running of these institu-

tions, and that is simply what this bill amounts to. There has been shown no demand for this. There is no abuse of these men. Dr. Briggs has not undertaken to show that there was.

DR. BRIGGS. I can, if you want me to.

MR. RUSSELL. Then I think you should do it. I said that Dr. Briggs had not shown that there was any abuse by these men. He says he can show it. I now ask if that is so, if he can show such a case, he should do so, and I call upon him to show it.

MR. RUSSELL (resuming after recess). Mr. Chairman and Gentlemen: When I was interrupted for the recess I was assuming that it was admitted that there was no call for this bill arising out of the present practices. A remark of Dr. Briggs interrupted me, gave me a new line. Apparently, he claims that the necessity for this bill is founded on practices in some of the institutions that would be cured by it. If such is the case I think we are entitled to know that now, and I should like to ask Dr. Briggs —

THE CHAIRMAN. What is your question?

MR. RUSSELL. I went on assuming that there were no such abuses in these institutions today as this bill would correct as to make this bill necessary. A remark of Dr. Briggs has led me to believe that it may be founded on such abuses in his mind; and if he proposes to claim that there are any such, I should like to ask him to bring them forward now before the case for those protesting against this bill is closed. He said he could bring forward plenty of cases, and I call on him now. If he bases it on the claim that there are any such abuses today, to state it. As I understood him in his opening, he did not base it on any such claim as that. I ask Dr. Briggs now, if it is based on any such practices going on in our institutions, and if he can bring it forward, that he should do so; and if not, I shall have to assume that his statements in his opening are correct, — that this is not based on any such abuses.

DR. BRIGGS. I would like to state that I have avoided anything sensational, and I want to avoid it. If there is anything of that kind that is desired, I would like to say it to Mr. Russell and the Committee in executive session.

THE CHAIRMAN. State institutions you have reference to?

DR. BRIGGS. Yes. There are some cases on account of the present methods in the State hospitals.

MR. RUSSELL. If such things are to be brought forward we ought to know that before we close our case, Mr. Chairman.

THE CHAIRMAN. It is up to Dr. Briggs whether he answers or not.

REPRESENTATIVE CLIFF. Dr. Briggs, didn't I understand you to say in your opening that you did not refer to the State but to private hospitals?

DR. BRIGGS. I refer mainly to private hospitals. I only know of one State hospital which is using restraint to any great extent now. I think there is an improvement all along the line, and this law is not a law that reflects on the superintendents, nor is it intended to reflect on the superintendents. It is intended to uphold their hands, and that is the object of this law, and the issue should not be confused.

MR. RUSSELL. If that is so, it is most surprising that every superintendent

of every hospital in this State is here against it. It is surprising, if it is called for, that the vast number of medical men in this State have not come forward in favor of it — that the only ones are Dr. Briggs and Dr. Evans. This city is full of doctors, full of people thrown in contact with the treatment of the insane, and yet no one of any experience in the treatment of the insane has come forward, save these two, Dr. Briggs and Dr. Evans. I think that speaks for the necessity for this bill. Gentlemen, I do ask that you do not put this stigma on the gentlemen who are in charge of our institutions, and that you do not try to arrange for the details of the care of the insane, one of the most difficult and most delicate matters that can be put into the hands of any body of men to take charge of, and that you do not try to provide for every ease by legislation. Things are going well today, there has not been one word of evidence to the contrary, and there is no call for this interference.

REPRESENTATIVE KEEFE. If you could still know this to be an improvement, would you still be opposed to having it incorporated into law?

MR. RUSSELL. Certainly. I am opposed to nothing that will improve.

DR. ALFRED ELIOT (superintendent Bridgewater State Hospital).¹ The ground has evidently been quite well covered for the majority of the hospitals of the State, but I am connected with a special institution. As probably your Committee knows, it is the institution for the criminal insane. There we have housed between 700 and 800 men who have been found to be insane in the different correctional institutions of the State, and have been removed there. Others have been sent there by order of the court to be held until further order of the court. We have there all grades of criminals. We have the mentally demented men, and we have the vicious men. It has always been our custom to reduce restraint to the lowest possible ebb. At the present time I believe our restraint is less than one-half of 1 per cent, and I believe it would be entirely impossible to eliminate all forms of restraint in an asylum such as we have at Bridgewater. It is not the maniacal cases that I refer to mostly, or the man who is suicidal, or the man who is exhausted, but it is the cunning criminal, the imbecile, the man who knows right from wrong, the man who would be sent to a prison and was found there to be unable to be controlled by the discipline of our prison. He is the man who causes us special trouble. It would seem as if we were inviting danger if we had not some method by which we could restrain these men when they have homicidal tendencies. We have men of all grades there. I should say probably today in the vicinity of 100 murderers; and no later than yesterday, while I was in my office, my attention was called to one of our men who in some way got two very dangerous weapons, and in order to remove those weapons from the man, one of our attendants was badly wounded. Today he is confined to his bed under medical treatment. We have many of these cases of homicidal attacks on our officers, not only on our officers, but on the doctors. I have been the subject myself of homicidal attacks upon me by those men. As I left yesterday I just put two of the instruments used by these men into my pocket to illustrate better what we have to

¹ Read account of Dr. Eliot in "Manner of Man that Kills," by L. Vernon Briggs.

contend with, and I feel that if such a bill as this is passed that it will subject us to all sorts of homicidal attacks.

In relation to the bill I wish to go on record as saying that I believe that the question of restraint must be left with the officials of each particular hospital. I do not think that we can follow any rule in the treatment of our insane.

DR. GEORGE S. ADAMS¹ (Westborough State Hospital). As superintendent of a Massachusetts State Hospital I am opposed on general principles to the bill as restricting any right to treat my patients — medical treatment. I consider that mechanical restraint is part of the medical treatment. I think it has been assumed by some of the speakers that the restraint and seclusion are not confined to the superintendent and assistant physician. I will say that at the Westborough Hospital the assistant physicians prescribe all restraint that is used, and in their daily reports to the superintendent they give the reason why it is used. The rule that they go by is that no restraint shall be applied unless all other measures for the protection of the patients and others have been used without success, and this bill does not affect what we would use for restraint. I use as little restraint, intending to abolish restraint as far as I can.

REPRESENTATIVE CLIFF. What percentage have you in your hospital now under restraint?

DR. ADAMS. On the male side we have about a half of 1 per cent. On the female side we have about 2 per cent. I think it is possible in the near future to entirely abolish it in the male ward, and reduce it in the women's ward. We are working with that intent all the time.

REPRESENTATIVE CLIFF. How long have you been engaged in this work?

DR. ADAMS. Twenty-four years. I am in my twenty-fifth year now. I have been nineteen years, going on twenty years, superintendent.

REPRESENTATIVE CLIFF. How does this percentage compare with that of twenty years ago?

DR. ADAMS. Twenty years ago there was probably 5 or 6 per cent of patients on which restraint was used. It is diminishing all the time.

DR. JOHN G. BLAKE. I have had a few years' advantage of Dr. Gay in the practice of medicine. I have been practicing medicine in Boston for fifty years. I am now a trustee of the Gardner Institution for the Insane, and I have been very regular, very devoted, and very much interested in that thing.

In relation to this law, it arouses in me a sense of indignation. The men that I have been with in my medical life in the Massachusetts Hospital — men like old Dr. Bigelow and Dr. Shattuck, and the great men of fifty years ago — were not men who required legislation to direct them how to treat their patients. Nothing of the kind. Now, since that time I have been connected with the Carney Hospital. I am the senior physician there. I have been connected with the City Hospital for forty-seven years. I saw the first patient there. Men like Dr. Gay, Dr. Shattuck, or any of the others never required any particular compulsion to use humanity and kindness, which doctors as a class

¹ See Dr. Adams' letter approving the law after working under it. See page 188.

feel toward sick people, in the treatment of the patients. I have seen it all. I have seen the cases in the Massachusetts Hospital when delirium tremens patients got up and ran up and down Allen Street and the other streets there. We had to restrain them. I have seen the same thing at the City Hospital. We have had to restrain them there. The thing that I object to about this is it is all unnecessary. I have such a high opinion of my own, acquired from actual experience, from the knowledge of the kindly qualities of the members of my profession in the treatment of insanity or anything else. I think you gentlemen know your own doctors, and you have confidence in their honesty, their integrity, in their good intentions, and their intelligence, and do not think that legal measures are necessary in order to compel those men to do their duty. That is my point exactly.

I do not want to go over the ground that has been so ably and fully covered here, but I did want to enter a protest of what you might call indignation against the unnecessary character of this legislation. It is not necessary. We are not deserving of anything of that sort, and we do not propose in the future to be called upon to act according to law in carrying out the humane principles of our profession. That is all I have to say. I think it is wholly unnecessary. To me it seems — well, I won't designate it badly, because Dr. Briggs is a next-door neighbor of mine, and we get along very well together; but in this matter I mentioned to him that I should be willing to put on the gloves with him. I wanted to come here and voice the sentiment of the general practitioner of medicine, as well as the man who as trustee is interested in an institution which has covered itself with glory, by making the labor of its five or six hundred helpless and probably incurable inmates yield to the State something like \$30,000, either from the soil or from their manufactures.

So judging from my own experience, and from the men whom I know, — I know them all either as house officers, or in some other way in the profession, — I know it is not necessary to stimulate them in the performance of their duties by any legislation like this.

FREDERIC W. BLISS. I appear here, Mr. Chairman and Gentlemen, representing the Massachusetts Homœopathic Medical Society, and I am instructed to say to you that the society confides in the trustworthiness of the officials of our State institutions in the performance of their duties; also to state to you that they do not approve of the legislation as called for in this bill, and that they do not think that there is any need of instructing intelligent men as to their duties in these hospitals. So much for the society.

DR. OWEN COPP (secretary, State Board of Insanity). Only just a word and that with relation to the supervision of the institutions. First, you have the supervision of the superintendents in a matter of this sort; then you have the supervision of the State Board as a general board. That means this. At their visits the Board for years has made a practice of seeing every patient in restraint, every patient secluded in a room, inquired as to the cause, and taken special note of it.¹ In addition to that, for the last two years, as you

¹ See records of private hospitals not visited for a year at a time. How could the Board see the patients in restraint?

have been told, reports have been made specifically of the persons restrained, the kind of restraint, the time of restraint, by whom ordered, and all those facts are reported monthly to the Board, made a matter of written record, following practically all the requirements of this bill.

Now, what have been the results, not of the supervision, but of all kinds of supervision combined? I have taken a little trouble to go back in one institution for fifteen years, when accurate records have been kept, substantially as this bill requires. Nearly fifteen years ago — and this relates to 1895 — I compared a corresponding month with a corresponding month, our latest month, of the same forms of restraint exactly today. We counted every sort of restraint. [See Dr. Goss' letter, page 131. — L. V. B.]

If it is a strong dress laced up the back, and which restrains movement not at all, but cannot be taken off, that is restraint. A large part of what constitutes restraint today was taken no account of then. Taking that into account, we find the facts from actual record that where restraint was used in the Taunton Hospital in 1895 five times, the same kind of restraint today is used once. We tried to confirm that by taking a particular hospital and going back five years, that is, comparing 1905 with 1910, on an absolutely accurate basis, except it is an average; and there we find that since 1905, that is, five years ago, the restraint record compares, that where it was used six times then, it is used once today.

Now, let us take a deduction. Since the monthly reports were put in, that is, since *April, 1909*, — and I am giving you figures for eighteen months, — for eighteen months there was a reduction for the whole State of both restraint and seclusion, that is, in a room, of both together, of 54 per cent. That is the number of persons in restraint within a month. This covers every period.

Now, as regards the hours, and that is really the more important part of it. In that time there was a reduction of 72 per cent in eighteen months. Those are averages for the whole State.¹

Now, as to a particular hospital. In one hospital there was a reduction of 87 per cent; in the number of persons, of 90 per cent; in the number of hours, of 92 per cent in seclusion, hours of seclusion.

Now, I just cite those to show that they correspond, — the persons, the hours, the forms; that is, restraint, mechanical restraint, is replaced by seclusion in a room, and it is uniform right down through. It is not fewer persons for a longer time, but you have got a greater reduction for the length of time; and the abuse comes in their continuing it longer than you need to more than in the ease that you don't need to at all.

I have other instances here which show even a greater reduction than that. Those are the facts.

I ought to say in fairness to the private institutions, the Board returns from private institutions are just as accurate as the returns from public in-

¹ Again, I want to call the reader's attention to the fact that a door locked with a key was reported as seclusion, but a door wedged with a towel so the patient could not budge it, and which kept the patient in the same seclusion as if locked with a key, was not reported as seclusion. This was allowed by the Board and the superintendents. Also how could they report amount of restraint in 1895 when many forms were not then reported.

stitutions, and I have had the same comparison made, and here are the facts for the twenty-four private institutions. The twenty-four private institutions include the McLean Hospital. This is made up by Dr. Fuller, my assistant, from the facts in the office, and I will read to you what he says.

The restraint or seclusion in private hospitals is very small in amount. There were but 21 persons *reported* in 24 licensed institutions, including the McLean Hospital, in the month of February. This last month 21 *persons* only were under any *form of restraint* in those 24 licensed institutions. The *McLean Hospital had the largest part* of that, or, stating it specifically, in the 23 other hospitals outside of the McLean Hospital, 4 patients in seclusion, or in restraint in 23 private hospitals, none of them reporting more than 1 patient in restraint in the month in 23 private hospitals, *where the greatest abuse in this State prevails*. In the month of February, by official record, in 23 private institutions, only 4 persons were restrained or secluded in that month, and in any one of them not more than 1 patient. That is a matter of official record.

THE CHAIRMAN. Have you any comparison for ten years back?

DR. COPP. We have no record on that, because the private hospitals have, I think, individually, but not uniformly; but now, for two years, going back to April, 1909, we have filed in our office the official record, giving in every case the person restrained, the hours of restraint, the kind of restraint, and by whose order.

SENATOR NASH. Who makes up those reports?

DR. COPP. The superintendent of the private hospital. We have his official signature to each monthly report.

REPRESENTATIVE KEEFE. Why was that done?

DR. COPP. This matter has been of very great interest and importance to the Board. If there is one thing that they have been careful and persistent in it is following up, it is the matter of restraint. If there is any Board that believes in the principle of non-restraint, it is the Board of Insanity. We followed this up by special inspection, by asking the reason, by seeing the patient, by discouraging it in every way we could by keeping individual instances, by throwing the influence of the Board against it until the time came when it was reduced, as these figures show. All the time we could see that. Many times where it was used five times it was reduced down to once, and so forth; but we came to a point where we talked all we could, and where it seemed to be pretty nearly stationary; and then we said, we will go further, and we took up this table, where we could compare one institution with another, and it resulted in eighteen months of a reduction of 54 per cent in persons and 72 in hours.

THE CHAIRMAN. I don't like to stop you, but at the same time I feel obliged to. The time is expired.

MR. C. W. BARRON. I was before the Committee on Prisons to say a few words on the proposed parole bill when this bill of Dr. Briggs was first presented before that Committee. I had not previously heard of any proposal in Massachusetts for the improvement of our policy in the care of the insane. I have, however, waited several years for some one to inaugurate a movement

in this direction, and deemed it my immediate duty to offer Dr. Briggs all the assistance I might render in the presentation of his cause.

I had watched the construction of Massachusetts prisons for the insane. I had had friends committed thereto and had visited them in their wards or cells. I found arrangements at Illeneau, Germany, quite different. I was informed by the American consul that Illeneau stood at the head of the list of all such institutions in the world, and was approached in America in the percentage of cures by only one American institution, located, I believe, in Ohio.

Knowing something of the amount of money Massachusetts spends in the incarceration of her insane, and knowing something of her sentiments in the line of education and public charities, I thought Massachusetts was entitled to rank up high in the care of her unfortunate demented. But wherever I inquired in Germany concerning Massachusetts and her record in this respect, I was met with a shake of the head and intimation that Massachusetts was not in the list as having anything to present for the uplift of humanity in the care of such unfortunates.

Instead of solitary confinements and restraints, changes of position and occupation are suggested. If during the night a patient becomes restless, he is under the greatest and most helpful restraint if he fears the disturbance of his fellow inmates. Alone, he might make noises or indulge in physical exercises for mental relief, but the restraint of society is present with him in a well-populated ward.

Now, all of us know the helpfulness in restoring the equilibrium of the mental and physical system, after a hard day's work or after an idle day, by refreshing hot or cold showers or baths. It is an essential part of any gymnastic work or exercise or of a sedentary life. Our mothers have all taught us the mental benefit of warm foot baths or rejuvenating tissues from hot and cold showers; of the mental refreshment of bathing the wrists, pulses, face, neck and of gentle exercises in the freedom of a warm bathroom.

Science always points to simple remedies, and Germany is the home of science and of simplicity in civilization.

I found Illeneau not a place for restraint, except according to the laws of social order, but a place for social education and the bringing forth of all the mental development possible in the individual, assisted by the scientific study of each case, and dietary and sanitary regulation.

If a committee of this Legislature, or one of those who give the direction for the care of our mentally weak, could visit such an institution and see the inmates individually and collectively at work and at play, in the chapel, in the singing school, and witness the sympathetic but scientific help extended to the unfortunates, they would realize the fundamental reasons why Massachusetts in the care of her mentally unfortunate is today such an astounding failure.

The legislation proposed by Dr. Briggs strikes the taproot of the evil tree, and if passed will give us the most important measures that have been proposed this year for the advancement of civilization in Massachusetts.

Reforms too numerous to mention must follow when statistics and studies and principles have been carefully wrought out. Better methods of education, employment, and for watchful direction after the discharge of a patient must be wrought out, but the fundamental evil is just where Dr. Briggs finds it. We must in this matter ultimately substitute science for physical force. Other institutions and other countries have shown us the way, and Massachusetts must in this, now so far behind, become a follower instead of a leader. The first necessary reform is just what this law proposes, — responsibility and record concerning restraint.

What would be thought of the civilization of a State that permitted irresponsible commitments to houses or prisons of restraint? Yet this is exactly what Massachusetts is doing to a tenfold degree. She makes record of external commitments and restraints, when one is incarcerated, and then omits all records of the tenfold multiplied incarcerations and restraints that are committed behind the doors and without record or responsibility.

Massachusetts, while devoting millions to art, education and charity in all its forms, has been for twenty years behind the times in respect to the care of her mentally deficient, or those temporarily off their mental balance.

If reform is not soon effected in this matter, we may be everlastingly disgraced before the world.

Records indicate that Massachusetts is not curing her insane, but is multiplying insanity among the mentally deficient consigned to her care. If corrective measures are not quickly supplied, I for one should be in favor of abolishing commitments of the insane to public institutions altogether, and the return to former times when the sympathetic family life had to bear the burden and attempted cure of the insane and the mentally deficient.

Our millions invested at Worcester, Danvers and other places might be turned over to educational institutions of expanding usefulness, like the Institute of Technology and the proposed evening schools for the extension of university facilities in education, while the State sent the insane and the mentally deficient that could not be cared for by families within her borders to States and foreign countries pursuing a more enlightened policy, and showing the fruit of that policy in the larger percentage of mental recoveries.

DR. BRIGGS. There are certain things that I want to refer to that came up in the testimony.

First, the men who oppose this bill, with two exceptions, are either superintendents or trustees of our present State institutions, under the supervision of the State Board of Insanity.

In answer to the question that Senator Nash asked about the Society of Neurologists having a committee appointed to attend legislative matters, what I would say is, that unless I have been misinformed by members of that society, Drs. Tuttle, Stedman and Channing of that society were a committee of that society at one time to further certain legislation in the way of psychopathic hospitals; and I think before that there was a standing committee, and that that society was responsible for the State care of the insane.

DR. STEDMAN. It was not a standing committee.

DR. BRIGGS. A committee, I do not care whether it stands or sits.

At Westborough, during a visit on April 2, a man whom I sent there saw six patients in restraint in one ward, others were locked in their rooms, and one man was being released from a strait-jacket, and all of this he saw in twenty minutes.

If these trustees and superintendents of the hospitals are sincere, how on earth can they go home tonight and explain to themselves why they oppose a bill which only regulates restraint, and puts in their hands the power to carry it out?

As to the stopping of restraint, some member of the Committee asked why the State Board of Insanity two years ago started to have regulation in restraint. I would say that at the trial of McGregor and McKenzie for manslaughter of Mitchell, it came out that the attendants were in the habit of applying restraint without any order from the head office.

THE CHAIRMAN. How long ago is that?

DR. BRIGGS. Two years ago. Immediately afterwards, the State Board of Insanity issued a request that the hospitals should all keep a record of restraint and send it in. It required a sensational affair to do that. Before then it was not thought necessary even to ask the secretaries to send in their reports of restraint. Now it is thought necessary to have a law to regulate restraint.

THE CHAIRMAN. The time of that McKenzie affair — was that at Pierce Farm?

DR. BRIGGS. Yes, the Pierce Farm affair.

THE CHAIRMAN. At that time it had just come under the control of the State, had it not?

DR. BRIGGS. Yes, that particular hospital had.

THE CHAIRMAN. That is what I am speaking of.

DR. BRIGGS. Yes.

THE CHAIRMAN. Was it under the State at that time?

DR. BRIGGS. Yes.

THE CHAIRMAN. It had just come under it?

DR. BRIGGS. It had just come under it, only a matter of a few months.

DR. COPP. I would like to have you inquire on what authority Dr. Briggs makes that remark. I know all the facts, and I want to say that there is not the slightest foundation for that statement. If he has got any evidence of it I would like to know it.

REPRESENTATIVE KEEFE. Will you be kind enough to make that statement again?

DR. BRIGGS. I will say that at the trial of McGregor and McKenzie for the manslaughter of Mitchell, when they were convicted (and they are now serving a term in the State Prison) it came out in the testimony, of which some of the reports are in this book, if you care to read them, and also on the files at the district attorney's office, that attendants testified that they were in the habit of applying restraint themselves.

REPRESENTATIVE KEEFE. Might I ask you, if you please, do I understand at that time that this hospital was under the supervision of the State?

DR. BRIGGS. Yes, it was under the supervision of the State at that time.

DR. COPP. You will understand that I do not dispute the fact, the connection between them, I simply say, the action of the State Board has absolutely no connection.

DR. BRIGGS. It was a month later.

DR. COPP. The preparation of the blanks took more than three months before that trial came off. All of the blanks, and the methods for that were under consideration.

DR. BRIGGS. Well, the order was issued in May, and these men were convicted in April. That is all I know about it. The order was a month after the conviction.

I do not see why there should be any objection to this bill, which every one has stated to you does not change affairs, and which I stated to you makes things uniform. That there is a law in Kentucky, or some other State, makes no difference. The president of the Lunacy Commission of New York says that if this bill goes through they will probably follow suit, and I have had copies of the letters struck off so that you may see what they are.

THE CHAIRMAN. All those who are opposed to this bill rise. [Thirty opponents.]

Adjourned.

It will be noticed that at the hearing every opponent of the bill, almost without exception, was officially connected with the State Board of Insanity, or officially connected with one of the State hospitals or private hospitals.

The newspapers again gave prominent headlines to the hearing and their comments were usually in favor of the measure.

The "Globe" of April 11 said:

Of unusual interest was the hearing given by the legislative Committee on Public Charitable Institutions at the State House this morning upon the petition of Dr. L. Vernon Briggs to do away with restraint measures in the insane hospitals of the Commonwealth except under certain conditions.

The attendance was so great that a larger room than that first selected for the hearing had to be obtained. Men of prominence appeared for the bill, and those who did not have time to be heard were counted as appearing in favor of the measure.

It was not by any means a one-sided hearing, as the remonstrants were on hand, too; but it was not until about 1 o'clock that Dr. Stedman of Brookline, chairman of the Board of Trustees of the Taunton State Hospital, opened for the opposition, and this afternoon others were heard.



THIS ROOM WAS USED IN 1911 TO SECLUDE PATIENTS, IN OTHER WORDS, PLACE THEM IN SOLITARY CONFINEMENT. THIS IS A PHOTOGRAPH OF ONE OF SEVERAL SIMILAR ROOMS IN TWO OF OUR STATE HOSPITALS, IN 1911, WHICH WERE USED FOR THIS PURPOSE. MANY TIMES THE BED WAS REMOVED, LEAVING ONLY THE FLOOR FOR THE PATIENT TO REST ON.

The editor of the "Boston Traveler" urged me to write an article on the care of the insane at that time, and I did so, the article appearing in the edition of April 12, 1911, with the headline "Massachusetts Lags in Treatment of its Insane." In it I said:

Few people realize how much is being done for many of the insane on the one hand, and how much neglect there is on the other. The general conditions have improved from year to year. This is mainly due to the increased public interest and to the increased confidence of the public in the existing institutions. Those of the insane who were capable of manual work about the institutions and poor houses have always been assigned duties. In other words, there has always been a small number engaged in industrial pursuits.

The State of Massachusetts has increased the industrial workers by buying land and putting many patients at farm work and the raising of produce for the institutions, in some instances for the market. On analysis, however, of this increase in employment of patients we find that it is mostly industrial work that is being performed at a very large expense to the State in the way of investments and plants and land.

Even this expense is excusable if the results prove the expenditures to be a good investment for the patients directly and for the Commonwealth indirectly, but are we working at the right end? The acute, the depressed and the maniacal cases are not usually in a condition to do industrial work. The result is that nearly 50 per cent of the patients in most of our insane institutions are idle. This means that many of them brood and mentally deteriorate each day because they have nothing to occupy their minds or their hands.

Hundreds are Idle

There are actually hundreds and hundreds of insane patients who are sitting about on benches in the buildings or walking back and forth in the yards and enclosures of the grounds doing absolutely nothing. They think, they brood, they frequently start petty quarrels, and their minds often deteriorate from day to day, and, in fact, to use a homely expression, rot, because they have no nutrition, no stimuli, nothing to divert them from the channels which made them insane; and many who, with proper instruction and environment, could be brought out of their mental condition are allowed to become more insane.

Over most of the men patients are keepers or custodians who are called attendants. They follow them about. They make some of these patients clean their rooms and halls and do other menial work and punish them if they do not do it. In the yards these men are seen walking in and out among the patients, keeping them from any overt act and often using more or less force with them, sometimes just and sometimes unjust, which in most hospitals is not even recorded. These attendants are of the poorest class of any of the

employees of the Commonwealth of Massachusetts. As a rule, they are mentally of the lowest grade, and their instability is shown by the fact that the average length of service of these attendants in the State hospitals for the insane last year was only a little over four months each. And to show you there is something vitally wrong in our present system of the care of our insane, I would call your attention to the fact that all employees in the State insane institutions have changed on an average of twice in the last year.

Attendants Poorly Paid

The wages paid men attendants are probably the lowest paid to any employees in the State. The majority of watchmen in the Massachusetts Reformatory and in State prisons are paid \$1,200 a year. These are simply custodians, who must be large, strong men, physically able to handle the prisoners. The attendants in the insane hospitals are supposed to be nurses as well as custodians, and they have in their charge sick people who need nursing, instruction, encouragement and employment. They receive from \$300 to \$500 a year. We are spending hundreds of thousands of dollars for land and buildings to receive the increasing numbers of insane for future generations. We are preparing to do something for the prevention of insanity in the erection of the Psychopathic Hospital, but the State of Massachusetts has done nothing yet in a practical way to prevent insanity except to use the Butler Building, or temporary hospital, which was established last year.

We have to go outside of Massachusetts to other States and other countries to get the disinterested opinion of what we are really doing. Men outside of our State who have studied our conditions and our work do not have the same opinion that many of us are led to hold from listening to our own people who are interested in one way or another. What further proof do those outside of our own State need than that our work is so limited that we cannot retain men after they get to a certain point of efficiency or those who wish to advance beyond what is being done in this State? It is humiliating to those who know the true conditions to see such men as Dr. Adolf Meyer, late of the Worcester Insane Hospital, leave Massachusetts to accept work in a much more advanced field in New York State, and again leave there and accept the head of the Phipps Clinic in Baltimore, where he is now considered one of the leading pathologists in the whole country. So, too, was Dr. August Hoeh, who left our institutions for Bloomingdale, N. Y., and who has since succeeded to Dr. Meyer's position at the Manhattan State Hospital. So, too, with Dr. Emma W. Moor, who left our institutions and who since has become assistant to the great Kraepelin in Munich, in his university clinic. Dr. Miller, formerly of Taunton Insane Hospital, has also found a much wider field in the State of Maine, where he can carry out his advanced ideas which he found it impossible to do in Massachusetts. Dr. Charles W. Page, one of the most advanced men in the humane treatment of the insane, left Danvers State Hospital on account of ill health, which many of his friends believe was brought about by the friction he was under in his struggles to improve the conditions against opposition.

Mr. Frank Sanborn wrote several letters to the "Springfield Republican," the "Boston Herald" and other papers, and was very active in his efforts to influence people against the legislation proposed.

Commendatory letters began to pour in after the hearing, but I shall quote only one:

EMMANUEL CHURCH
15 NEWBURY STREET

BOSTON, April 13, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston.*

DEAR DR. BRIGGS: —Thank you very much for your kind letter. I should like to express my warm admiration for your humane spirit, and of the very able manner in which you presented your bill the other day. It seemed to me your speech was admirable. You made your point with perfect clearness, and wisely refrained from antagonizing any one interested in the care of the insane whose desire is to do right. I earnestly hope that this bill will pass. Even if it does not, I believe the discussion of the question of the humane care of the insane will be productive of much good.

I wonder if you intend to reply to the letter in the "Transcript" last night. It seemed to me a narrow and interested statement which, under the guise of special knowledge and wisdom, really missed the point of your bill altogether.

It seemed to me the most important point you made was the citation of the authority of some of the greatest alienists in America. The experiences of such men cannot lightly be set aside.

I do not believe as a rule in answering newspaper criticisms; but as this writer gave the appearance of possessing superior knowledge, and tried to represent your bill as the attempt of amateurs to interfere in a matter of which they know nothing, it seemed to me that a temperate statement of the facts of the case would do a good deal toward securing the public sympathy and approval of your endeavor.

Believe me, with warm regards,

Yours faithfully,

ELWOOD WORCESTER.

After my bill had been publicly heard, one Dr. Ellenbogen desired a private hearing, and I received the following letter:

THE COMMONWEALTH OF MASSACHUSETTS
HOUSE OF REPRESENTATIVES

BOSTON, April 20, 1911.

Dr. L. VERNON BRIGGS.

DEAR DOCTOR: — Dr. Edwin Katzen Ellenbogen has asked the Committee for a hearing in executive session on your Restraint Bill.

Should you desire to be present we shall be pleased to have you; to be held in Room 440, Monday, April 24, 11 A.M.

Very truly,

CHARLES J. WOOD,
Clerk.

Whom Dr. Ellenbogen represented or who sent him, I do not know; but I do not think that he was the type of man who would have had push enough to appear without some incentive.

An unsigned circular was sent to every member of the Committee. I regret that I have not a copy of that circular. It had the earmarks and apparently the sanction of the opposition, as the data could not have been obtained except from officials in charge of the insane institutions at that time. In answer to this circular, I issued another which was handed to each member of the Committee. It read as follows:

The circular in the hands of the Committee is unsigned and should be treated as such and not given any weight. If any consideration is to be given to it, I wish to call the attention of the Committee to certain mistakes therein contained:

First. — The bill that the Committee is now considering is not Senate No. 142, as there was a new draft submitted to the Committee that is very different from No. 142 in many particulars.

This fact is well known to those who are responsible for the circular now before your Committee, or else they are sadly lacking in information regarding the legislation sought.

Second. — The statistics submitted are misleading. The percentage of restraint is incorrect, inasmuch as Danvers and Northampton are included in the estimate, which should not be the case, as each of these places has abandoned restraint for over ten years. The number of patients under the control of these two institutions should be deducted from the total in order to present a fair report.

Leaving these two institutions out, the number in restraint in March, 1911, is nearly 2 per cent, and in Westborough, about which so much has been said of late, there are over 4 per cent in restraint.

Third. — The condition existing in the month of March, 1911, may be better than for the month of January, 1911, or next December, 1911, and much better than any other month, as the agitation that has been going on in favor of a better condition in our institutions has been an incentive to improve affairs.

This in a way explains the reduction in the number of cases in restraint in the month of March, 1911, which is shown by the report before the Committee, which may or may not be correct; but in my opinion it is incorrect and misleading, for it does not include chemical restraint, one of the most dangerous forms, nor seclusion or solitary confinement, both of which are, in certain specific instances which I could state, left to the attendants today.

Fourth. — "An ounce of prevention is worth a pound of cure." The argument against the bill by the opponents, if their statements could be called arguments, was on the ground that the bill was unnecessary, as the hospitals were practically doing just what the bill called for.

It is true that the hospitals at Danvers and Northampton have no restraint. What harm can there then be in passing a bill affecting the other hospitals, limiting the use of restraint, and placing the responsibility for it on the shoulders of those who should be responsible for it, instead of allowing inefficient and untrained attendants to use certain forms of restraint, in many cases depending entirely on their own judgment.

The other argument advanced against the bill was that it was a reflection on the superintendents of the institutions.

Are the superintendents or doctors of the institutions above error? Are they so exalted that no regulation should be placed on their acts? Are the people the servants of the employees of the State, or are the State employees the servants of the people?

This legislation should interest every man, woman and child in this Commonwealth, inasmuch as the problem in some way strikes at us all, as there is not one who has not a relative or friend that is not or has not or may not be afflicted with insanity in some form and who has been or may not be an inmate of one of the State institutions, or one of the private hospitals to which this bill applies.

Fifth. — I did not admit that there was no abuse at the State institutions. On the contrary, I offered to give specific instances to the Committee in executive session, if they so desired.

My substitute bill is not only intended to apply to the State hospitals for the insane, but private hospitals as well, to which no reference is made in the anonymous circular now in the hands of the Committee.

In reply to that portion of the communication that says there is a training school for nurses at the State institutions, I beg leave to make the following statement: The question has never been raised by me that there was not a training school for nurses at some of the hospitals, but I have repeatedly stated there is no training school for the male attendants.

L. VERNON BRIGGS.

CHAPTER VIII

SENATE BILL NO. 142, AS REDRAFTED NO. 501, REPORTED MAY 9, 1911. —
 PASSES SENATE MAY 25, 1911, AND HOUSE JUNE 14, 1911. — SENATE
 BILL NO. 313 BEFORE THE LEGISLATURE AT THIS TIME. — CORRE-
 SPONDENCE ON NO. 313. — GOVERNOR FOSS SIGNS SENATE
 BILL NO. 501 ON JUNE 22, 1911

On May 9, 1911, a new draft of Senate Bill No. 142
 was reported out of the Committee as Senate Bill No.
 501.

SENATE No. 501

The Commonwealth of Massachusetts

SENATE, May 9, 1911.

The Committee on Public Charitable Institutions, to whom was referred
 the petition (with accompanying bill, Senate No. 142) of L. Vernon Briggs
 that certain forms of restraint in certain penal institutions be prohibited, report
 the accompanying bill.

For the Committee,

FRANCIS X. QUIGLEY.

Messrs. Turner of the Senate, and Cliff, Wood, Wheeler and Preece of the
 House, dissent.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Eleven

AN ACT

To prohibit Certain Forms of Restraint on Patients in Public or Private
 Hospitals or Sanatoriums

*Be it enacted by the Senate and the House of Representatives in General Court
 assembled, and by the authority of the same, as follows:*

SECTION 1. On and after the first day of August in the year nineteen
 hundred and eleven, no restraint in the form of muffs or mitts with patent
 lock buckles or waist straps, wristlets, anklets or eamisoles, head straps, pro-

tection sheet or simple sheets when used for restraint, or other form of apparatus or device, interfering with free movement, shall be imposed upon any patient in any public or private hospital, sanatorium or other institution for the care or custody of the insane in this commonwealth unless it is applied in the presence of the superintendent, the physician or an assistant physician of such institution, hospital or sanatorium, or on his written order, which shall be preserved in the files or records of the institution, hospital or sanatorium; and such application shall be made only in cases of extreme violence, active homicidal or suicidal condition, physical exhaustion, infectious disease, or following an operation or accident which has caused serious bodily injury. The superintendent or head physician shall cause record of all restraint to be kept in a book which shall be provided for that purpose by said superintendent or head physician. Said book shall be open for inspection at all times by the trustees or other persons having control of the hospital sanatorium or institution, the state board of insanity, the governor and council and members of the general court, and shall contain complete record relative to restraint, including the cause for restraint, the kinds used, the name of the patient, the time when the patient was placed under restraint and the time when released. Restraint, within the meaning of this act, shall also include therapeutic and chemical restraint and confinement in a strong room or seclusion in solitary confinement, excepting when the patients are placed in their rooms for the night.

SECTION 2. The superintendent or head physician, or in his absence one of the assistant physicians, shall keep personally under lock and key all implements or apparatus of restraint except when in actual use.

SECTION 3. The provision of the act shall not apply to prolonged baths, or to the hot or cold pack, or to medication when used as a remedial measure and not as restraint.

SECTION 4. Any supervisor, attendant, or other employee of any institution affected by this act, who shall knowingly violate or willingly permit to be violated any of the above terms or provisions shall be deemed guilty of a misdemeanor and may be fined not less than fifty dollars nor more than three hundred dollars for each offence.

SECTION 5. This act shall take effect upon its passage.

The evening "Herald" of May 9, 1911, said:

The Committee on Public Charitable Institutions of the Legislature voted this afternoon to report favorably on the bill presented by Dr. L. Vernon Briggs relative to the use of means of restraint in certain institutions.

The "Post" of May 10 said:

The use of strait-jackets is to be abolished in insane hospitals, according to the bill reported yesterday by the Committee on Public Charitable Institutions upon the petition of Dr. L. Vernon Briggs, whose bills for the better care of the insane have provoked the liveliest discussion in the present Legislature.

The "Globe" of May 10 said:

The Boston Central Labor Union Executive Board had a special meeting last night. It unanimously endorsed Senate Bill No. 142.

The "Traveler" of May 9 said:

The Committee on Public Charitable Institutions today voted to report favorably the bill of Dr. L. Vernon Briggs prohibiting certain forms of restraint in State hospitals and insane asylums. There were five dissenters.

On Dr. Briggs' other bill, providing for the instruction of attendants, the Committee reported unanimously in favor.

The "Boston Common" of May 13 said:

There is a fair show also that Senator Nash will succeed in putting upon the statute books the main features of the Briggs bill relative to the handling of asylum inmates. There is a hard fight before him, however, with the doctors mainly against increasing the responsibility of the management for the doings of attendants.

I was much gratified by the support of Labor:

BOSTON CENTRAL LABOR UNION

BOSTON, MASS., May 18, 1911.

DR. L. VERNON BRIGGS, 208 *Beacon Street*.

DEAR SIR: — At a special meeting of the Executive Committee of the Boston Central Labor Union, held this evening, Senate Bill No. 142, "An Act to Prohibit Certain Forms of Restraint, in Public or Private Hospitals or Sanatoriums," was thoroughly discussed, and the Committee unanimously voted to endorse the measure.

I was instructed by the Committee to notify you of our action, and to again thank you for your able presentation of this most vital matter.

Yours very truly,

G. HARRY DUNDERDALE,
Secretary of Committee.

P. S. — I have also been instructed to forward a letter to the President of the Senate and the Speaker of the House of Representatives.

Better to test the strength of the opposition and to be prepared to meet it, I had the bill held up in the Senate and not voted on. I wanted to answer some of

the propaganda that was being put out against it. The Senate was thoroughly canvassed by the opponents, who made bitter attacks upon the bill and myself. On May 28 the following was sent to the members of the Senate:

BOSTON, MASS., May 22, 1911.

To the Members of the Honorable Senate.

I wish to call to your attention Senate Bill No. 501, entitled "An Act to Prohibit Certain Forms of Restraint on Patients in Public or Private Hospitals or Sanatoriums."

What the Bill Is. — This legislation is designed to prevent attendants, frequently inefficient and untrained, and who are neither doctors nor nurses, using certain forms of restraint unless authorized to do so by the superintendent or physician in charge of the hospital.

The restraints forbidden by the bill have been for over ten years voluntarily abandoned at both Danvers and Northampton. On the other hand, the number in restraint in March, 1911, in the other institutions in the State was nearly 2 per cent, and at Westborough, about 4 per cent. This does not include chemical restraint, one of the most damaging forms, which, in certain specific instances, is left to attendants today.

Who Approve. — This bill has received the approval of such authorities as Dr. Adolf Meyer, Director of Phipps Laboratory, Johns Hopkins University; Dr. William A. White, Superintendent of the Government Hospital for the Insane, Washington, D. C.; Dr. Albert W. Ferris, President of the Lunacy Commission of New York State; Dr. William L. Russell, Inspector of Hospitals for the Insane in New York State, recently appointed head of the Bloomingdale Insane Hospital, New York.

At the hearing before the Committee, which reported the bill, there also appeared in its behalf the Rev. Alexander Mann, Rector of Trinity Church; Monsignor Splaine, representing His Grace Archbishop O'Connell; the Rev. Elwood Worcester, D.D., of Emmanuel Church, Boston; the Rev. William H. Van Allen of the Church of the Advent; Mr. Edward H. Clement of the "Boston Transcript;" and Editor Clarence W. Barron of the "Boston News Bureau."

Opposition. — The opposition today apparently emanates from persons having some connection with the present State and private institutions for the insane, who seem to regard the passage of this measure as a reflection upon them.

Such is not the purpose of the framers of the bill, and certainly the bill is necessary in connection with private institutions which the State authorities do not directly control. The objections raised at the hearing on the original bill have been met, it is believed, by the amended bill now before the Senate. The emergency case is fully covered by the pending amendment. Moreover, it must not be forgotten that there are always supposed to be a sufficient

number of attendants to restrain a sudden outbreak, and that a physician or superintendent is immediately accessible.

What Bill Means. — Lastly it is not a measure designed in any way to control a physician in his treatment of his patients. It is designed to CONTROL IGNORANT ATTENDANTS acting without authority of the physician, and makes into law a rule which is in force in practically all the more progressive insane institutions in the civilized world.

VINCENT Y. BOWDITCH, M.D.

EARL E. BESSEY, M.D.

(Eight years assistant physician at Danvers.)

JOEL E. GOLDTHWAIT, M.D.

(Children's and Massachusetts General Hospitals.)

ALBERT EVANS, M.D.

(For many years of Boston City Hospital.)

L. VERNON BRIGGS, M.D.

(Physician to Mental Department, Boston Dispensary.)

This was a direct answer to the criticisms and statements, many of which were false. I then allowed the bill to come to a vote. On May 23, 1911, Senate Bill No. 501 passed two readings and was ordered to a third. On May 25 Mr. Tinkham gave notice that he should move that the bill be amended in section 1 by inserting after the word "injury," in line 18, the words "except that in cases of emergency restraint may be imposed without the presence of the superintendent, the physician or assistant physician, and without a written order; but such emergency cases, after the imposition of such restraint, shall be immediately reported to the superintendent, the physician or assistant physician of such institution, hospital or sanatorium, who shall immediately investigate such cases and approve or disapprove the restraint imposed."

This amendment seemed reasonable and was adopted without opposition; in fact, Mr. Tinkham had consulted me in regard to it before he introduced it, and on May 24 he wrote to one of the physicians supporting the bill:

MY DEAR DOCTOR: — I would say that I am in agreement with the principle of the bill 501, and particularly so because such an experienced man as you recommends it.

I have an amendment for emergency cases, which I understand is satisfactory to Dr. Briggs and those interested in the measure, and I intend to vote for it with this amendment. I remain,

Yours very truly,

GEORGE HOLDEN TINKHAM.

BILL PASSES SENATE UNANIMOUSLY

The morning "Post" of May 26, 1911, had this item:

Dr. L. Vernon Briggs, the well-known alienist, won a victory in the Senate yesterday, when that body, without one dissenting vote, passed his bill preventing the use of restraint in the insane hospitals of the State.

The measure will undoubtedly be passed by the House and signed by Governor Foss. The bill provides that no restraint shall be used in the treatment of insane patients, except in cases of extraordinary emergency.

A "Post" editorial on the following day is headed "A Salutary Provision," and says:

The bill, understood to be drafted by Dr. Vernon Briggs, regulating the use of strait-jackets or shackles in any insane hospital or other institution, whether public or private, has so far been plain sailing in the Legislature. The amendment of Senator Tinkham, allowing the use of such means of restraint "in case of emergency," is entirely consistent with the general purpose of the measure.

The main point is that such means of restraint must not be applied except with the specific authorization of the head of the institution in each particular case. It is notorious that in every instance of alleged abuse or maltreatment of unfortunate patients, the offence has been perpetrated by subordinates, by attendants, using their own discretion — or indiscretion. It is now proposed to forbid such a scattering of responsibility.

The object of the bill is to bring to the notice of the superintendent of the institution or of some official who may be held formally accountable, the supposed necessity for the use of rigid physical restraint. It looks to the protection of sufferers who cannot protect themselves.

The "Boston Common" on May 27, 1911, said:

Senator Nash has had the fight of his life over the Briggs bill, which aims to secure more humane handling of the insane in public or private asylums. Why the asylum superintendents and the medical profession generally should have opposed the bill so strenuously is a question for which the senator finds it hard to discover a charitable answer.

I was much relieved when the bill finally passed the Senate; it was a fight up to the very last minute. Even after the Senate session opened, members of the opposition were running around trying to get a majority of votes. The leader of the opposition, Harry Stearns, had a substitute bill which he tried to get us to agree to; and Mr. Turner of the Committee, with tears in his eyes, begged me to allow a recommitment to the Committee so they could again discuss it. When they found that we had at least 25 votes out of 40, and that it was coming up for discussion, the Republican leader of the Senate sent word to Senators Quigley and Nash (who had previously shown him letters and material which we had and were going to use in speeches on the floor of the Senate, exposing certain methods apparently approved by those then in control) "for God's sake not to talk on that bill or use the letters;" that they would give in. Another Republican leader sent word not to ask for a roll call; so when the vote came up there was not a dissenting vote and every member was present. Fourteen Democrats and twenty-one Republicans were recorded in favor of the bill. I find the following in a letter to a friend written at this time:

It goes to a third reading today (May 26) and comes up in the House on Thursday next, where we are preparing for another fight. If we win there, it still has a chance of being defeated in the Committee on Bills, and I think they are beginning to work on Governor Foss to veto it on the same ground that he vetoed the teacher's bill last week, that is, that it was interfering with the administration of the Boards.

Mrs. Cushing wrote on May 26, 1911, from New York:

This is the day and the hour that the great decision is to take place in that hot Senate Chamber, and I am far away, anxious to hear the results.

The "Sunday Herald" of May 28, 1911, said:

Senator Quigley of Hampden is entitled to a lot of credit for the skill with which he navigated Dr. Briggs' Restraint Bill through the upper branch of the Legislature. The measure was beset by enemies on all sides, and it was only by the hardest and cleverest kind of work that it was saved from vitiating amendments.

The opponents of the bill attacked it chiefly on the grounds that, first, it is unnecessary, since the reform that it is designed to accomplish is already in effect to a certain extent in the State hospitals for the insane, and is being gradually extended; and secondly, that it is an unwarranted reflection upon the superintendents and physicians attached to the various institutions. The answer to the first objection is that if the humane system of restraint which this bill makes necessary is already partially in force in the State hospitals, it is not in force in the private hospitals. As to the second objection, it is said that the proposed legislation is intended to help the superintendents and not to reflect upon them in the slightest degree.

The State Board of Insanity opposed the bill before the Committee on Public Charitable Institutions, which reported it, *a vigorous lobby against it being maintained at every stage*. It was passed to be engrossed Friday, and now goes to the House, where undoubtedly another effort will be made to kill it or to amend it out of shape.

It is a good bill and ought to be passed.

Representative Norman White wrote on June 2, 1911:

I am in accord with Dr. Briggs' bill, and will do what I can to assist in the matter.

On June 8, Bill No. 501 came up for question on ordering to a third reading in the House. Discussion opened on the bill, which was at its reading when the House adjourned for the day. In the meantime the "Herald," which on May 28 had said, "It is a good bill and ought to be passed," constantly opposed the bill, publishing editorials calling it an unworthy law, and using its propaganda to the fullest extent to defeat it.

Mr. Frank B. Sanborn became more active in opposition, as did Drs. Channing and Stedman. Mr. Sanborn

was hardly consistent, for on June 8, 1911, at a Conference of Charities and Corrections, Social Service Department, Massachusetts General Hospital, during the course of his address he read to the conference part of a long-lost letter, written to him by Dr. Samuel G. Howe from Paris, in September, 1867, but never completed or sent, and only recently discovered among the abundant manuscripts of Dr. and Mrs. Howe at South Boston, since the death of Mrs. Howe. The letter describes Dr. Howe's inspection of the new Ste. Anne's Hospital in Paris, and told of the occupations in insane hospitals, which had been started in 1863, and had been very successful, and mentioned the fact that Germany had started occupation in the hospitals years before 1867. "Now," added Mr. Sanborn, "what has Massachusetts been doing these last sixty years? Supposing we had had some occupation for the last ten years, then we are fifty years behind the times!"

When the bill was up for the third reading, Representative Martin Lomasney, who had given his hand, his heart and his voice to this bill, made a strong plea in favor of it, and the "Boston Common" said:

His worst political enemies cannot accuse him of indifference to the wrongs of the oppressed in Ward 8 or out of it. But for the well-meant but ill-timed eloquence of Representative Keefe of Fall River, the bill would, without doubt, have gone to its third reading on June 8. Representatives Curtin, Wells and Egan spoke strongly in favor of the measure, and Representative Cliff of Somerville made a plea for the opponents.

"Practical Politics" of June 13 said:

The Briggs bill to prohibit the use of strait-jackets, etc., in the insane hospitals, which affects 16,000 insane patients, will stand as a monument to the humanitarianism of the Committee on Public Charities of 1911, and to the Legislature itself.

On June 12, 1911, my good friend Mrs. Cushing wrote a letter from Cleveland, Ohio, in which she said:

The passing of your bill by the Senate interests people here very much, and I am sure it will have a country-wide influence. It has been in the papers in the Middle West, and is considered a fine thing for you to have done. I believe it will be accepted and copied in every State in the United States, for I see a great awakening going on relative to the needs of the insane. One feels here that the true American spirit prevails, and that spirit rebels against all tyranny.

BILL PASSES HOUSE

On June 14 the bill passed the House. The "Boston Record" of that date said:

The House on roll call — 129 to 70 — passed to engrossment the Briggs bill to prohibit certain forms of restraint in insane asylums.

All the "Herald" had to say was:

Briggs Bill Passes. — The House today passed to be engrossed by a vote of 129 to 70 the bill of Dr. L. Vernon Briggs to prevent the use of forms of restraint in State sanatoriums.

Mr. Conway and John Farr, both of Boston, spoke in favor of the bill. Mr. Greenwood of Everett opposed it. It was when the afternoon session opened that Mr. Greenwood made a long speech in opposition. He was followed by Mr. Meaney of Blackstone, who defended the bill in one of the most eloquent speeches I have heard on the floor of the House. The keynote of his speech was that the law fixed the responsibility for the care of the inmates in our institutions. Some of the gallery were brought to tears by his eloquence. Mr. Ahearn opposed the bill, and Mr. Keefe of Fall River closed the debate with a speech in favor of it.

Mr. Cliff opposed the bill, and Martin Lomasney answered him in a most eloquent and telling speech, and then requested a call for yeas and nays.

The "Boston Common" of June 17 came out with this editorial:

With the Briggs bill finally triumphant, Senator Nash was enabled to leave for San Francisco on Wednesday with a light heart and a clear conscience. Senator Quigley, who has also fought hard for the bill, is confident that it will prove to be one of the most important steps ever taken toward a really humane and rational treatment of the insane wards of the Commonwealth, and will be widely copied by other States.

The agitation interested not only the newspapers but the magazines, and in September I received the following letter:

THE ATLANTIC MONTHLY
4 PARK STREET

OFFICE OF THE EDITOR, BOSTON, September 19, 1911.

Dr. L. VERNON BRIGGS, 208 *Beacon Street, Boston, Mass.*

DEAR VERNON: — Have you in convenient form any tabulated facts regarding the necessity for the general introduction of non-restraint methods in hospitals for the insane? I have a paper upon the subject which I expect to print later, but in editing it, I wish to have some accurate information concerning the progress of the non-restraint movement and the methods usually in force.

If you do not have this information at hand, please don't bother about the matter.

Yours sincerely,
ELLERY SEDGWICK.

The reaction to this bill by those who had been against it began soon after the law was passed and went into effect. Westborough, which had been one of the main offenders, found it most helpful, and Dr. Adams was the first hospital superintendent to write, voluntarily, a letter of co-operation, as follows:

WESTBOROUGH STATE HOSPITAL
WESTBOROUGH, MASS.

SEPTEMBER 4, 1911.

L. VERNON BRIGGS, M.D., *Boston, Mass.*

DEAR DOCTOR: — We are now working under the act of the last Legislature stating conditions under which the use of restraint in the hospitals may be



SENATOR MELVIN S. NASH



SENATOR FRANCIS X. QUIGLEY

permitted; and as you are the author of that act, I should be very glad indeed to have you come to the hospital, see the conditions existing here, and to talk with you about the use of restraint, as it is our desire, where its use cannot be avoided, to use it in the spirit as well as the letter of the law; and while, no doubt, you and I may not look upon it from the same angle, we both desire the best possible conditions for our patients.

I have been and still am using earnest effort to diminish the amount of restraint in the hospital; and while there are worse things than mechanical restraint, properly administered, I hope, if possible, to bring about the entire disuse of it. Being a homœopathic institution, we, of course, do not use drugs to quiet patients, and therefore have had more mechanical restraint than some of the other institutions.

I trust that you will take an early opportunity to come to the hospital, and, if you can, remain two or three days; and I promise to take good care of you and let you see for yourself just the conditions existing here, and you can tell me just what you think about them.

I am

Very sincerely,

GEO. S. ADAMS,
Superintendent.

I was actively at work to bring Senate Bill No. 313 to a successful termination at the same time I was working for No. 501. Dr. Richard H. Hutchings, superintendent of the St. Lawrence State Hospital, Ogdensburg, N. Y., wrote me a most intelligent letter, under date of January 20, 1911, describing the employment of patients at his hospital. The clothing of both men and women, their shoes, the ward linen, towels, brushes, brooms, upholstery and mattresses had been made in New York State hospitals for twenty years or more. Other patients were employed in the dining rooms, kitchens, mending rooms, on the farm and in the garden. And for the class of patients who were physically strong enough to work, but mentally incapable, they had employed a kindergarten teacher, a teacher of vocal music, an instructor in Sloyd methods, and a supervisor who taught calisthenics and ward games. He suggested that an intelligent woman who

had proper education and training in arts and crafts could in each institution train the attendants, avoiding the necessity of employing special teachers.

In the meantime Governor Foss had asked Dr. Adolf Meyer to investigate our hospitals and make a report to the Commonwealth. Governor Foss also telegraphed many people asking their opinion as to whether he should sign Senate Bill No. 501 or not. Among others to whom he telegraphed was Dr. Meyer, as follows:

JUNE 19, 1911.

Prof. ADOLF MEYER, *Baltimore, Md.*

During your conversation with me you said you would furnish me with your opinion concerning the No Restraint Bill. As the bill is now before me for action, would appreciate very much your opinion.

EUGENE N. FOSS.

Dr. Meyer, as he had been asked to make a report upon his study of the institutions, was beset by many interested persons in opposition to the measures I advocated, and especially by Drs. Southard and Howard. He wrote me a letter on the subject under date of June 18, 1911, from Ward's Island, New York City, which I quote later in connection with his study, in which he refers to Governor Foss' telegram, and leaves little doubt as to the trend of his answer to the doctors.

Letters began to come in congratulating me. The bill as finally passed became chapter 589 of the Acts of 1911, and was signed by the Governor on June 22, 1911, and took effect upon its passage, as follows:

AN ACT TO REGULATE THE RESTRAINT OF PATIENTS IN PUBLIC OR PRIVATE
HOSPITALS OR SANATORIUMS FOR THE INSANE

Be it enacted, etc., as follows:

SECTION 1. On and after the first day of August in the year nineteen hundred and eleven, no restraint in the form of muffs or mitts with patent lock buckles or waist straps, wristlets, anklets or camisoles, head straps,

protection sheets or simple sheets when used for restraint, or other apparatus or device interfering with free movement, shall be imposed upon any patient in any public or private hospital, sanatorium or other institution for the care or custody of the insane in this commonwealth unless it is applied in the presence of the superintendent, or of the physician or of an assistant physician of the hospital, sanatorium or other institution, or on his written order, which order shall be preserved in the files or records of the institution; and such application shall be made only in cases of extreme violence, active homicidal or suicidal condition, physical exhaustion, infectious disease, or following an operation or accident which has caused serious bodily injury, except that in cases of emergency restraint may be imposed without the presence of the superintendent, the physician or assistant physician, and without a written order; but every such emergency case, after the imposition of such restraint, shall immediately be reported to the superintendent or to the physician or assistant physician of the institution, who shall immediately investigate the case, and approve or disapprove the restraint imposed.

SECTION 2. The superintendent or head physician shall cause records of all restraint to be kept in a book which shall be provided for that purpose by the superintendent or head physician. The book shall be open for inspection at all times by the trustees or other persons having control of the hospital, sanatorium or institution, the state board of insanity, the governor and council, and members of the general court, and shall contain a complete record relative to the restraint, including the cause for restraint, the form used, the name of the patient, the time when the patient was placed under restraint and the time when he was released. Restraint, within the meaning of this act, shall also include therapeutic and chemical restraint and confinement in a strong room, or seclusion in solitary confinement, except when the patients are placed in their rooms for the night.

SECTION 3. The superintendent or head physician, or in his absence one of the assistant physicians, shall keep personally under lock and key all implements or apparatus of restraint not in actual use.

SECTION 4. The provisions of this act shall not apply to the prolonged bath, to the hot or cold pack, or to medication when used as a remedial measure and not as a form of restraint.

SECTION 5. Any supervisor, attendant, or other employee of any institution affected by this act, who shall knowingly violate or willingly permit to be violated any provision hereof shall be deemed guilty of a misdemeanor and may be fined not less than fifty dollars nor more than three hundred dollars for each offence.

SECTION 6. This act shall take effect upon its passage. [*Approved June 22, 1911.*]

Every effort was made to influence Governor Foss to veto the bill. In reporting the fact that the Governor did sign it, the "Boston Journal" of June 24 said:

The bill itself is considered by experts in insanity to be the first big step to a revolution in the handling of insane patients in the hospitals of this State.

As I said, Dr. Meyer was one of the many men whom the opposition approached, but he considered it an insult for them to try to influence his judgment upon matters about which he knew more than they did.

In the meantime, men in England were in touch with my work, and Dr. Henry Maudsley of London wrote to me under date of July 19, 1911:

DEAR DR. VERNON BRIGGS: — Thank you for the cuttings from the newspapers. I congratulate you on the success of your exertions. The vehement opposition of the superintendents somewhat surprised me, seeing that laws are not made for those who do well, but to restrain and correct those who do ill. Precautions to prevent abuse need not interfere with the discretion of those who find it necessary to use restraint in very exceptional cases.

You may be glad to hear that the London County Council has at last purchased a suitable site of upwards of four acres, within the four miles radius of the center of London, easily accessible by train, motor bus and electric railway. I hope now that they will set vigorously to work to build.

Very truly yours,

H. MAUDSLEY.

Dr. William Mabon, superintendent of the Manhattan State Hospital, Ward's Island, New York City, wrote to me on January 31, 1911, in regard to occupation of patients in his hospital. A former supervisor, who had received a course of training in arts and crafts at the Chicago School of Philanthropy, was in charge of the work. Basket making he found to be the most suitable for the largest number of patients, and to be the best type of work for starting a class. Other occupations which they found popular were punched and hammered brass work, raffia articles other than baskets, stenciling, paper flowers for decorating, embroidery and fancy needlework. The special occupation classes, which were conducted quite apart from the general in-

dustrial work of the hospital, reach a type of patient that tends to remain idle and indifferent unless especially instructed and urged to work; and these occupations also provide important therapeutic measures for more acute and favorable cases. A special instructor gave lessons in folk dancing, and an instructress also arranged for sociables, ward parties, dances and various other kinds of amusement.

CHAPTER IX

HEARING ON SENATE BILL No. 313. — BILL PASSES BOTH BRANCHES OF THE LEGISLATURE, AND ON JULY 10, 1911, IS SIGNED BY GOVERNOR FOSS. —
 REPORTS OF THE DIRECTOR OF OCCUPATIONAL THERAPY SHOWING
 THE RESULTS OF THE LAW

Senate Bill No. 313 (see page 70) came up for a hearing before the Committee on Public Charitable Institutions on February 20, 1911, at 11 o'clock. I opened the hearing with the following address:

MR. CHAIRMAN AND GENTLEMEN: In appearing before you to plead for Senate Bill No. 313, we do so with the full knowledge that no one knows better than you the present condition of our insane and the useless lives they are leading in the asylums. Few people realize how much is being done for many of the insane on the one hand, and how much neglect of others there is on the other hand. The general conditions have improved from year to year. This is mainly due to the increased public interest. Those of the insane who are capable of manual work about the hospitals and almshouses have always been assigned duties to be performed. In other words, there has always been a small number engaged in industrial pursuits. The State of Massachusetts has increased the industrial workers by buying land and putting many patients at farm work and raising produce for the institutions, and in some instances for the market.

There are many idle patients who are capable of doing valuable work in the asylums. There are many others who could do valuable work if properly trained. There are many who could be made self-supporting and take positions which could be found for them by an after-care committee. Take, for instance, these colonies for the insane. There are many insane who can best be taken care of in colonies, but there is such a thing as going too far; and if a harmless insane man is able to be more than self-supporting in a farm colony, there is no reason why that man should be a charge to the State.

In many ways we are far behind other States and countries in the care of our insane. We have been so in the habit of listening to men who are interested or who hold positions of authority and responsibility over the insane, expounding to the public the wonderful work that the State of Massachusetts is doing, that we have come to believe that we are the most advanced of any people in the world. This testimony has been augmented by the fact that a large amount of money is expended for the insane which of itself gives us the impression that we are doing a tremendous amount. We know that,

under the supervision of the State Board of Insanity, we are today supporting 15,000 persons at a cost of over \$3,000,000 a year. We are appropriating, annually, over \$500,000, or one-half million dollars, for new construction and land for the insane. We also have a bonded indebtedness of \$6,000,000, and over \$12,000,000 is invested in our present land and buildings, according to the valuation of 1910. This does not include nearly the whole cost of these buildings. There are 4,500 commitments a year. Over 2,000 are recommitments, from the second to the ninth time. Because there has been no movement toward the prevention of insanity or the after-care of those recovered, and because many of our present insane have no employment and are presided over by ignorant attendants, these figures are increasing at an alarming and deplorable rate.

In Illinois they have had for two years a training school for attendants and nurses, with the most satisfactory results. During the first-year session, one of the students was teaching an awkward man patient to twist a rough basket; and as he sat silently struggling, she said to him, "Do you like this?" To which he responded with the sudden abruptness which characterizes patients usually silent, "My God, yes! Anything is better than sitting idle all day on the wards." This man was typical. The attendant who is tactless and untrained in ways of occupying and amusing his charges can get only the routine ward work done, and he then leaves rows of patients idle and dull, and he is content if they are quiet. In the report of this summer school for 1910, some valuable facts are given relative to the work. It says: "One man who had been in the habit of crying out, tearing his clothing, attacking those near him, and at times refusing nourishment and neglecting his personal appearance has been orderly, quiet and well behaved during the past week. In this week, probably for the first time since he became insane, he has been approached by some one who has worked patiently and skillfully to capture his interest. He has produced in this week only a little tray of pierced brass and a raffia basket; but the teaching, with its gentleness and pleasantness and human contact, has produced what no method of restraint and repression ever evolved, — 'an orderly, quiet, well-behaved' patient." The report goes on to say that one of the attendants has for a long time had charge of a ward filled with violent, chronic, young women. A year ago all her time had to be spent in getting the routine work done and stopping the fights. Now there is not a ward that turns out more work.

In New York the superintendents sent certain supervisors to receive a course of training at the Chicago School of Philanthropy, and now in many of the hospitals occupation classes have been started.

Dr. R. H. Hutchings of the St. Lawrence Hospital, Ogdensburg, N. Y., says they inaugurated a graded system of employment for patients who are usually idle, also a systematic teaching of demented patients, with the object of improving their mental condition by breaking up bad habits and putting a stop to the rusting out process which goes on in many patients in the idle and disturbed wards. He says: "Industrial employment is of great value to the insane who can take part in it, but unfortunately a large proportion of the

insane are not fitted mentally or physically to take part in it, and it is a fact that the multiplication of industries, farm work, etc., in institutions has greatly increased the scope and variety of employments available for patients, but has done less to decrease the ratio of idleness on the wards."

Dr. William A. White of the Government Hospital for the Insane at Washington says: "It is hardly necessary in this day to emphasize the importance of the training school. Again, I am a great believer in putting women nurses in male wards and sending the better nurses to general hospitals from time to time to get particular training. We are working on the problem of habit formation. The effort is to get the patients into habits of some sort of industry so they will be more or less continuously occupied for some good purpose."

Massachusetts has a hospital which could be well used as a training school. Dr. Frost, who came here from Buffalo State Hospital, New York, and who succeeded Dr. Copp at the Boston State Hospital, found idleness and lack of employment among a large class of the patients. Having no funds, he sent one or more of his nurses to the Manhattan State Hospital in New York for about two weeks' training. Dr. Mabon of that hospital trained these nurses and gave them their board for two weeks, all without pay. They returned to the Boston State Hospital and are now teaching the patients to use their hands and also to use their brains and re-educate their faculties. The results are splendid and the work is increasing.

I am sorry to say this has not as yet been tried with the attendants in the Boston State Hospital, the very class we want to reach most; but with the training these nurses have received they can teach the attendants and also teach attendants from the other hospitals. There should be a law passed that would make it obligatory to do it at once, so that by August there would be a nucleus in every State hospital. If Dr. Frost's nurses can in two weeks get trained in a New York hospital, there is plenty of time to rotate attendants in Dr. Frost's hospital or send them to New York with the funds already in the hands of the State Board, and have them taught; or in the summer two or three of the brightest nurses, picking out the most promising ones for teachers, could be sent to the summer school in Chicago. Even in Maine they have arranged to do that this summer.

There was a time in this good old Commonwealth when people were sent here for education and for the most advanced thought and work. We are living on the reputation of the past. We should make some rapid strides and be in advance of the work for the insane in all the world. There is no reason why we should not. We have the money, we have the brains, and we have the material.

Our attendants are for the most part not nurses of any sort or kind. They have no training, no stability. Farm hands, delivery drivers, bell boys, tramps and even criminals sometimes find their way into the ranks of attendants. They come to our hospitals for a comfortable place for a few months in the winter. Some hide there when they want to lose their identity. They have been known to come and offer themselves and women they called their wives

for nurses. Later some of these people have been found never to have been married, and when they are tired of living with each other, they leave. But if the State is going to give attendants only \$25 a month for the care of these helpless people, and appropriate over half a million dollars a year for land and buildings, what can you expect? One author recently put it that the average citizens are so ignorant as to the causes and cures of insanity that they are willing to pay millions of dollars to keep the insane out of their way.

We are doing nothing for the after-care of the insane. An association was this year formed to take hold of this work, and a bill put into the Legislature to give them power; but those at present in charge of the insane failed in their co-operation and became obstructionists, thereby delaying assistance of some of the most prominent people of this Commonwealth who were about to give their services in an effort to prevent insanity, to look after the discharged insane, and to reduce the numbers at present in the hospital by finding proper work and environments for them outside the institution, thereby saving the State, eventually, millions in money.

A similar organization in New York, the New York State Charities' Aid Association, has been actively and successfully working along these lines for many years. Dr. Adolf Meyer says of the association: "In the after-care the association has the valuable work, in the first place, of encouraging and organizing in each community persons capable of spreading sound information concerning what the State can and will do for victims of mental disorders; second, the encouragement and organization of individuals who will have enough interest in the cause to help the hospital physician get at the correct estimate of the conditions under which the patient was wrecked, and to which the patient shall be discharged, *i.e.*, persons to be appealed to in obtaining direct information; third, persons who will be willing to relieve the tension between the public and hospitals, usually based on misinformation; fourth, persons who have a sufficiently wide acquaintance with the opportunities of a locality for drawing a recovered patient as rapidly as possible into a healthy and wholesome environment."

Today we have 1 person under the supervision of the State Board of Insanity to 231 of our population, and the insane are increasing at the rate of over 400 a year. The average annual increased cost for the last ten years has been considerably over one-half million dollars. If the State of Massachusetts had properly housed and cared for its mentally ill people, especially the acute and early cases, twenty years ago, our insane would today be on a decrease instead of on the increase, and our expenses for their custody and care would be less each year instead of increasing at the enormous rate of the last few years. Improving the conditions in the institutions, and re-educating and giving proper employment and instruction to many of the patients, hastens their cure and also increases the wage earners, and makes it possible for many to be discharged and take a certain place in the world that is self-supporting.

The State Board of Insanity tells us that in 66.87 per cent of the cases committed insanity was from physical causes, and in 25.74 per cent the cause was unknown. This gives a total percentage of over 90 per cent, and half, at the least calculation, are preventable.

Again, to quote Dr. Meyer, he says, "To simply deplore from year to year the increase of insanity, and to get into periodic panics over the necessity of building more hospitals, is not doing the work at the right spot and to the best advantage. . . . It is necessary to go to the root of the evil, even if we come too late for prevention in a special case; to straighten out the environment and to prepare the patient to be able to meet reasonably those difficulties which cannot be removed."

William L. Russell, M.D., inspector of the insane hospitals in the State of New York, and now superintendent of one of its State insane hospitals, says: "In fact, the public has not yet grasped the facts clearly enough to have learned to demand for the insane much more than protection from abuse and gross privation. Only a comparatively few persons have given sufficient attention to the subject to have gained an intelligent insight into the conditions from which the inmates of the institutions really suffer and as to what should be done to bring about cure, amelioration and prevention. . . . There is almost total lack of provision for the temporary care of insane persons previous to their commitment or for their safe return to ordinary life after their discharge."

Dr. Copp openly opposed this bill. It was rather unusual for him to come out in the open, but he did, and opposed it on the ground that it was impracticable. Archbishop O'Connell, Rabbi Fleischer and others favored the bill. The "Boston Common" of February 25 said:

People who have been complaining of the arbitrary doings of certain committees would have experienced a cruel satisfaction if they had seen, on Monday, the Committee on Public Charitable Institutions writhing in the iron grasp of Dr. Copp (the second "p" is purely emphatic) of the Insanity Board. Some spectators nearly wept for joy when one or another member of the Committee would attempt to gasp out a question, only to have his wind summarily cut off by the irate doctor. When it comes to beating down opposition, and personally conducting the entire show, the Terrible Teddy has nothing on Dr. Copp.

After the hearing, the bill was redrafted to satisfy the Committee, and reported by Levi H. Greenwood as Senate Bill No. 573, as follows:

AN ACT TO PROVIDE FOR THE INSTRUCTION OF NURSES, ATTENDANTS AND PATIENTS IN CERTAIN STATE INSTITUTIONS

Be it enacted, etc., as follows:

SECTION 1. The trustees of the state institutions under supervision of the state board of insanity shall cause to be given to the nurses, attendants and patients thereof, instruction in such arts, crafts, manual training, kindergarten and other kinds of occupation as may be appropriate for the patients of such institutions to learn, and especially for those patients who are physically unfit to do useful work about the institutions. The state board of insanity shall employ one or more supervisors of such instruction who shall acquire by visitation or otherwise information embodying the experience of this state and elsewhere relative to the best and most successful methods of such instruction.

SECTION 2. In carrying out the provisions of this act the state board of insanity may expend annually a sum not exceeding two thousand dollars.

SECTION 3. This act shall take effect upon its passage.

On June 28 the new draft had a second reading. Senator Joe Turner tried to have it held up, but Senator Greenwood would not support him, and told him so. The bill went through its several stages in both the Senate and the House, and was signed by the Governor, in spite of the opposition of Dr. Copp and the many people influenced by him and the State Board of Insanity; and after being signed by the Governor on July 10, 1911, it became chapter 649 of the Acts of 1911.

In speaking of the State Board of Insanity as opposing my work, I wish to again reiterate that I always except Mr. Whittemore, about whom I shall have something to say at another time.

Dr. George A. Zeller, superintendent of the Peoria State Hospital, Peoria, Ill., wrote me the following letter on July 20, 1911:

DEAR DOCTOR:— I am much pleased with your frank discussion of the care of the insane and I have views that coincide with yours. We have de-

parted from the orthodox methods out this way, and have felt somewhat isolated in the institutional world, but expressions like yours indicate that it is still worth the trial.

A belated reply from Miss Julia Lathrop is of interest:

408 ROCKTON AVENUE, ROCKFORD, ILL.

MY DEAR DR. BRIGGS: — I have lately returned from a long journey, and today, under a pile of unopened pamphlets, I come upon some letters, including yours of last January.

I cannot tell you how sorry I am not to have had it earlier. I am venturing to send you the Year Book of the School of Civics, containing description of the normal course for attendants. It is practical, but still experimental, and I should like to discuss it and other matters with you. Do you ever come to Chicago?

Believe me

Yours sincerely,

JULIA C. LATHROP.

In accordance with the new law, Dr. Mary Lawson Neff was appointed as director or instructor of occupational therapy. It was her duty to visit the various State hospitals, instruct the nurses and attendants and organize therapeutic occupations. Her previous training as a practicing psychiatrist, as well as an organizer and teacher of this special branch of therapy, and her wide experience in State hospitals in the West and Middle West, were excellent preparation for this undertaking, and she brought to her task special gifts as a teacher and much originality and enthusiasm for her work.

The report of her first year's work speaks for itself, and shows the immediate result produced by Bill No.



OCCUPATION IN A MASSACHUSETTS STATE HOSPITAL

RÉSUMÉ OF WORK OF 1912 IN DEVELOPING THERAPEUTIC OCCUPATIONS IN
THE STATE HOSPITALS OF MASSACHUSETTS

(Presented to the State Board of Insanity December 27, 1912.)

The most fitting preface to my outline of the year's activities is some expression of my appreciation of the courtesy, support and friendly counsel of the superintendents of the State hospitals. Without exception, they have given me the fullest co-operation and most cordial sympathy in my work.

The first special undertaking of the year was the developing of an educational exhibit, which has visited eight hospitals, remaining at each from three to four weeks. It is now at the Worcester Hospital. The articles in this exhibit were collected in most instances from the State institutions of Massachusetts. In addition, there are represented four New York hospitals, and other institutions in Pennsylvania, New Jersey, Maryland, Connecticut, Rhode Island, Illinois, Michigan and Scotland. The exhibits were selected for their educational value, in order to illustrate as far as practicable all the desirable activities that had actually been successfully carried on in some institutions. The articles were classified, labeled, mounted on cards, in booklets, and in other suitable ways, and formed into a logically developed whole. This exhibit has required a great deal of time and labor, but seems to have accomplished even more than was expected of it. It has been visited by more than two thousand employees and visitors from outside the hospitals. About an equal number of patients have been taken to see it.

Of the visitors, nearly one hundred and thirty were physicians; between thirty and forty were social workers of various kinds; and ten or twelve were reporters. About this number of papers in the State have given space to a description of the exhibit. Representatives were sent to inspect the exhibit from the Russell Sage Foundation in New York, from Clark University, and from Wellesley College.

The effect on the nurses has been to destroy at once and entirely their preconceived idea that there were very few things that patients could do. They have gained practical ideas as to methods, as to the best use of available equipment, and the best way of stimulating the interest of the patient. Several have volunteered original and valuable work in this department.

The effect on the patients has been of great interest. Their self-respect has been noticeably increased. They have frequently shown an interest in some form of work that they had not been previously known to be capable of, and many have been stimulated to take an interest in some new activity. A number of voluntary contributions have been added to the exhibit by the patients themselves.

A special register for patients is kept at each hospital in which is recorded the remarks they make when brought to see the exhibit. This remains with the occupation supervisor and contains many helpful hints.

The effect on the general public has been to stimulate a great interest in the effort to normalize the life of the patient, which has found practical expression

in several cases by gifts of reading matter and other useful articles to the hospitals.

Largely as a result of this exhibit, invitations have been extended to me to speak to several groups of people in regard to the Board's work in this direction. In October, by invitation of Dr. Stanley Hall, I addressed the seminar in psychology at Clark University. I have since spoken in Dr. Crothers' church in Cambridge, under the auspices of the Social Service Committee, and before the Women's Medical Society of the New England Hospital. It has also been arranged for me to address the class in sociology at Wellesley College in January, and other invitations have been received.

In these talks I have had an opportunity to bring to a varied public the Board's work in developing the use of occupation as therapy, in which I have assisted, and to remove misconceptions in regard to the care of the insane, as well as to bring the public's knowledge up to date in regard to the great advances in the State care of the insane. This has seemed to me no small part of the lasting good which I hope will follow the year's work.

Another department has been the giving of lectures to the nurses. For this purpose, parts of a course in applied psychology which had been previously developed have been used, proving most helpful in giving the nurses the right attitude towards this work. Six lectures have been given in Danvers; four at Worcester Asylum; three each in Taunton; four at Westborough; three at Medfield; and one at the Boston State Hospital, where I am also expected to address the nurses the last three Tuesdays in January. I have been invited to give one lecture at Waverley soon and to repeat the course at the Worcester Asylum as soon as it can be arranged. An outline of these lectures accompanies this report.

A conference in regard to occupational therapy was held during the first week in November. This was an unqualified success. Nearly one hundred persons were in attendance, including superintendents, members of the various staffs, supervisors, occupation supervisors, superintendents of nurses, nurses and attendants, with a few interested people from outside, including one from another State. The interest shown amounted to enthusiasm, and several interesting developments have followed this conference. The most noteworthy of these is that one superintendent of nurses has of her own initiative added to the work of the senior year in the training school ten two-hour demonstrations in arts and crafts. Several of these have already been given, and this course is hereafter to form a permanent part of the nurses' training.

One of the first practical problems was the securing of suitable employees to carry on this work. Several of the superintendents arranged with Dr. Fernald, of the School for Feeble-Minded at Waverley, to send nurses there for special training. Some remained but a few days. Two, however, Miss Patton of Medfield, and Miss Kerr of the Grafton Colony, with a nurse sent by Dr. Copp, now of Philadelphia, took a three weeks' course and have proved most valuable workers. There are eleven regular supervisors of occupation work already appointed, and four or five positions are waiting to be filled. This, of course, does not include Gardner, Waverley and Wrentham, where the



OCCUPATION IN A MASSACHUSETTS STATE HOSPITAL

work was already fully organized; nor Tewksbury, where the insane patients get the benefit of industrial organization in other departments.

Quite a little attention has been given to the developing of an occupation program on each ward, to supplement the gathering together of a comparatively small group of patients in an industrial room. These two lines of development need to be kept abreast of each other. It sometimes happens that the patients who can be occupied are all taken off the ward, leaving it in greater desolation than before. A small group of interested workers on each ward has great educational value.

The introduction of card catalogues for ward use, recording the interests and aptitudes of each patient, has been started in five institutions. With this system, when the head nurse is changed, the information does not go with her; and when the patient is transferred, the information does go with her, facilitating greatly her being fitted into her new surroundings. The interest of the nurses is stimulated by this simple device, when they see that it is worth while to individualize their patients, and that their efforts will become a matter of record. When transfers take place from institutions to other institutions, these cards are even more useful, lessening the confusion incident to the re-adjustment, and making the experience less trying to the patient.

Some beginnings have been made in dividing the larger problem into departments, and doing intensive work in each. At Westborough I devoted three weeks to the problems of the acute service; at Danvers I specialized in methods for the occupation of mild chronic cases; and at Taunton attention was directed to the devising of occupations useful for the disturbed patients. Each aspect of this work must be considered from a different point of view.

In the acute wards the work must hold the attention strongly, must employ bright colors and attractive materials, and require movements not too closely co-ordinated. It must also bring quick results. The equipment cannot include scissors, sharp crochet needles, etc., so that here the limitations are marked. On the violent wards there is need of much motor expression, and each patient must be individually studied. The value of the product cannot be considered. Educational plays are of great service here in preparing the patients for other activities later.

On the mild chronic service the problem is not so much one requiring psychological insight as resourcefulness in providing a variety of work and enough nurses to take the lead.

In this connection it may be remarked that the economic gain, which is a by-product of this occupation movement, is very great. This is well shown in the case of one hospital where, when special activity along these lines was begun some two years ago, there were four disturbed wards employing seventeen attendants. These are now replaced by three orderly and industrious wards, and one disturbed ward, employing thirteen attendants. The saving of laundry, destruction of clothing, furniture, etc., is also more than a negligible quantity.

A large portion of my time is taken up in work that is somewhat difficult to classify. The preparing of materials and apparatus for demonstrations, the gathering of information as to proper materials and where they may be

obtained, and the exchanging of interesting devices and plans of work between the different hospitals come under this head.

The ultimate plan for each hospital is that it should have the three things essential to successful work: an occupation staff, an occupation equipment, and an occupation schedule. A beginning in this direction has been made in every institution in the State, and in some the progress has been remarkably rapid.

Outline of a Course of Lectures on Psychology by Mary Lawson Neff, M.D.

- I. The Nervous Mechanism
 "'Tis strange that a harp of a thousand strings
 Should keep in tune so long."
- II. Fatigue
 Eight — four — two — one.
- III. How to Play
 "There is work that is work; there is play that is play; there is work that is play; there is play that is work — and in only one of these lies happiness." — GELETT BURGESS.
- IV. How to Work
 "He that heweth with a dull axe must put thereto the more strength." — THE BOOK.
- V. How to Rest
 "It's a heap easier to want what you git than to git what you want." — UNCLE MOSE.
- VI. Habit and Personality
 "All the days of foregone virtue work their health into this." — EMERSON.
- VII. Suggestion
 "Advice is like snow; the softer it falls and the longer it lies, the more good it does."
- VIII. Mental Hygiene
 "I consider how I may exhibit my soul before the Judge in a healthy condition." — PLATO.

Dr. Neff's successor was not satisfactory, and her work did not meet with the unanimous approval of the State Board of Insanity.

The year's work accomplished by Dr. Neff had established occupational therapy in the hospitals, and the purpose of the bill was virtually accomplished in that

year. My recommendation that the position be declared vacant was carried out by the Board which succeeded ours in office, and the law was also changed in a most satisfactory manner to meet the conditions existing in 1917.

In January, 1917, Dr. George M. Kline, commissioner of Mental Diseases, introduced an amendment to my bill which I supported, and which became chapter 50 of the General Acts of 1917, as follows:

AN ACT TO PROVIDE FOR THE INSTRUCTION OF NURSES, ATTENDANTS AND
PATIENTS IN CERTAIN STATE INSTITUTIONS

Be it enacted, etc., as follows:

SECTION 1. Section one of chapter six hundred and forty-nine of the acts of the year nineteen hundred and eleven is hereby amended by striking out the said section and inserting in place thereof the following:—*Section 1.* The trustees of the state institutions under supervision of the commission on mental diseases shall cause to be given to the nurses, attendants and patients of said institutions instruction in such arts, crafts, manual training, kindergarten and other branches of occupation as may be appropriate for the patients of the said institutions to undertake, especially such patients as are physically unfit to perform the usual work in or about the institutions.

SECTION 2. This act shall take effect upon its passage. [*Approved March 8, 1917.*]

THE MANNER OF MAN THAT KILLS

SPENCER, CZOLGOSZ, RICHESON

By L. VERNON BRIGGS, M.D.

In presenting the histories of these three men to the public, the writer endeavors to awaken Society to its duties toward similar individuals in the community before they commit overt acts. Society is willing enough to condemn and punish the defective or the mentally sick man the moment he has committed a crime or a breach of the peace, but does practically nothing to save him from leading a life that results in disaster — often in homicide.

These crimes for which Society is responsible are usually the result of environment and suggestion on unstable or diseased minds. To provide suitable environment and protection, when necessary, and early medical treatment is the duty of Society. When the results of the neglect of this duty become apparent in some tragic event, Society and not its victims should be held responsible.

As an example of what it means to neglect a defective with criminal tendencies, take the case of Spencer, who caused untold suffering in the community and finally killed a defenseless woman, which act resulted in his own death. Suffering and death cannot be appraised, but the cost to the State in this one case may be estimated at nearly \$50,000. His trial alone cost the State nearly \$30,000.

EXTRACTS FROM REVIEWS AND COMMENTS

OF

"THE MANNER OF MAN THAT KILLS"

Dr. John R. Oliver, Medical Service, Supreme Court Bench, Baltimore, Md., in a review in "MENTAL HYGIENE":

Dr. Briggs' valuable contribution to our knowledge of the psychology of the delinquent is interesting from various standpoints. From the standpoint of the present it is delightful to read, in Dr. Briggs' concise English, the clinical histories of three psychopaths.

From the standpoint of the future, and especially from that of the valuable legislation that Dr. Briggs proposes and a part of which has already been enacted by the Massachusetts Legislature, the book gives to those of us who are struggling day by day with the problem of the defective delinquent a distinct message of comfort and of hope.

Finally, from the standpoint of the past, the reader who can put himself back ten years, into the mental atmosphere of the public mind at that period, must be impressed most of all by the calm determination with which Dr. Briggs upheld his scientific ideals in the face of almost universal condemnation and even of personal abuse. It must be for Dr. Briggs a source of deep satisfaction to realize that the ideals for which he once fought so bravely have been generally accepted by scientific men, and are gradually being disseminated in the minds of the average man and woman of our day.

Dr. Briggs' book should have many readers, for it is fascinating to the layman and extremely valuable to the man of science. Dr. Briggs himself may rest assured that his colleagues deeply appreciate all that he has done.

Pollock, "STATE HOSPITAL QUARTERLY," Albany, N. Y.:

By a thoroughgoing analysis of the make-up and life histories of three mentally disordered criminals, the author has emphasized the need of early recognition of mental defect and disease and of the application of proper methods of treatment.

The author points out the ineffectiveness of criminal laws in the protection of society against the acts of such abnormal persons, and expresses the belief that the remedy is to be found in scientific study and investigation, and by proper rules and regulations of society which will protect the community.

"WISCONSIN MEDICAL JOURNAL," Milwaukee, Wis.:

The work is well worth while and should be widely read.

"NEW YORK MEDICAL JOURNAL":

Dr. Briggs has rendered a distinct service in the careful study he has made of these three cases.

Dr. Thomas W. Salmon, Professor of Psychiatry, Columbia University, late Medical Director of the National Committee for Mental Hygiene, in a review in "THE AMERICAN JOURNAL OF PSYCHIATRY," Baltimore, Md.:

Dr. Briggs has traced the precise manner in which defects in the nervous structure, training and molding by the forces of the environment in which these men lived culminated in startling crimes. Had Dr. Briggs stopped there he would have made an interesting contribution to the literature of criminology, but, fortunately, he went further and pointed out the loopholes in the protective walls that the community tries to build around its members that permitted the abnormal mental processes of each of these three slayers to exact a human sacrifice before those processes could be brought under scientific investigation and the possibility of control.

Quite apart from the absorbing interest of this book to the criminologist and student of abnormal behavior, the wealth of material gathered and the clear manner in which it is presented make it of more than usual interest to any reader who is willing to face reality in the course of obtaining information about some of the people in the world in which he lives.

Ten years from now, if the present trend of thought regarding crime and criminals is read aright, Dr. Briggs' book will be regarded as an interesting account of one of the phases through which public opinion has passed in its changing attitude toward criminals and their crimes. Many lessons, medical, social and educational, are to be drawn from these twisted lives, so faithfully and minutely described.

Professor Robert H. Gault of Northwestern University, in a review in the "JOURNAL OF CRIMINAL LAW AND CRIMINOLOGY," Chicago, Ill.:

The author vigorously denounces, as many others have done, the ancient practice of calling a jury of laymen to officiate in the commitment of those who are pronounced insane, and proposes legislation to abolish the distinction between medical and legal insanity and to prevent the deplorable condition which now exists, whereby the mentally defective and diseased are returned to our prisons again and again.

"JOURNAL OF HEREDITY," Washington, D. C.:

One can hardly help agreeing with the author that the effort to treat mentally diseased persons by sending them to a term in jail is an anachronism, and a dangerous one.

"JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION," Chicago, Ill.:

Dr. Briggs makes a strong case in each instance. The plea is that it is the duty of society to provide suitable environment and protection and early medical treatment rather than to punish the defective after he has committed the crime.

"JOURNAL OF DELINQUENCY," Whittier, Cal.:

The style which the author has chosen for his narrative makes the book equally useful to both the interested layman and the professional reader. He has brought out three striking examples of the urgent need of preventive work.

"LONG ISLAND MEDICAL JOURNAL," Brooklyn, N. Y.:

Dr. Briggs has endeavored to show the need of early recognition of the mental defective. He shows that they cannot compete with normal people in the various walks of life, and are incapable of adjusting themselves to varying conditions. He further shows that environment has a very marked influence upon the future lives of these individuals, and that they are handicapped and never get a fair chance in life, and that it is the duty of the state to endeavor to develop their capacities, correct if possible their inferiorities, and make them self-supporting, law-abiding citizens.

The book is well worth reading by physicians and lawyers who are interested in criminology.

"BOSTON MEDICAL AND SURGICAL JOURNAL," Boston, Mass.:

In using these three cases as a paradigm for a better training in and a wider and more sympathetic social outlook on mental diseases, the author is to be congratulated both for his labors in accumulating important data and for his serious plea for education in psychiatry leading to the prevention of crime committed by subjects with mental disease.

"BOSTON SUNDAY HERALD," Boston, Mass., in an eight-column review shows —

Why Dr. Briggs was opposed to executing the criminally insane and why he believes they should be allowed to live that they may be studied for the ultimate good of society.

"THE SPRINGFIELD UNION," Springfield, Mass., editorial:

Dr. Briggs contends, and it seems on perfectly good grounds, that lawyers and juries of laymen should not undertake the diagnosis of mental disease or defects, and that psychiatrists, on the other hand, should not be asked to pass on questions of law. We think Dr. Briggs is justified in the contention that more attention should be given to prevention, rather than passively accept a condition by which we shall be obliged to care for an immense number of helpless and defective persons who, he foresees, must soon be a burden that we cannot carry without seriously handicapping the normal members of our population. It is a most interesting book.

"SPRINGFIELD REPUBLICAN," Springfield, Mass.:

The book is one that cannot be ignored by students of criminology and sociology.

"THE DAILY NEWS," Chicago, Ill.:

Dr. Briggs realized that this country must contain many thousands of men like Spencer who are defective, who are a menace to other persons and to themselves, and yet who are allowed to run at large. In these opinions he has the support of many other psychiatrists.

"ROCKY MOUNTAIN NEWS," Denver, Colo.:

This book, and especially the part of it that deals with Spencer, is an absolutely convincing demonstration of the theory that most men who kill are defective men; that if studied by specialists when in school they could nearly all be recognized as defectives and handled in such a way that they would not be a menace to society and to themselves; and that a large part of the enormous expense of our courts, police systems and penal institutions could thus be saved, in addition to the great saving in life and property. This enormous burden which the taxpayer carries and which is comparable only with the burden of international armament is, in a sense, the least of the evils of our system of handling crime.

"SPRINGFIELD DAILY NEWS," Springfield, Mass., in a special despatch from Washington:

Colonel Briggs' idea in writing about these cases was not to revive public discussion about them, but rather to point out certain lessons he believes will be of value to all interested in the mentally ill. The book is of much interest to army physicians who served with Colonel Briggs overseas during the war, and officials of the United States Public Health Service here.

Lawson G. Lowrey, M.D., of Iowa City, Iowa, late of the Boston Psychopathic Hospital, writes:

I want to congratulate you on having gotten your very sound views, as to what should be done with respect to psychopathic criminals, into a book.

"REVIEW OF NEUROLOGY AND PSYCHIATRY,"
Edinburgh, Scot.:

No psychiatrist can possibly afford to omit a careful study of this volume, which is, however, written in a somewhat popular style, with the aim of instructing and influencing public opinion in such cases, and especially of emphasizing the need of protecting such individuals from the effect of their actions; otherwise they not only come to grief themselves, but involve innocent persons in their tragedies. As a contribution toward this end, the above volume ranks very high and has been well worth the time spent on its production. The views expressed regarding the difference between medical and legal insanity and the proper examination of criminals for mental states are worthy of careful attention. Dr. Briggs has rendered good service in undertaking and carrying through this investigation, the value of which is ample reward for the long and painstaking labor involved in its production.

The Editor of the above medical journal, A. Ninian Bruce, M.D., D.Sc., F.R.C.P.E., F.R.S.E., in a personal letter to Dr. Briggs, says:

I have read "The Manner of Man that Kills" and am very much impressed by your patience and labor. It is, in truth, one of the most valuable and convincing works on the subject which has ever appeared, and it is difficult to find suitable words to express my admiration. The Medico-Psychological Association met in Edinburgh recently, and I especially drew their attention to it in a paper I read them on Out-patient Mental Clinics.

The "JOURNAL OF MENTAL SCIENCE," London, Eng., review by Sir John Macpherson, High Commissioner of Insanity for Scotland:

The book, which is of great interest to medical jurists, is popularly written with the avowed intention of enlisting public opinion in favor of a change in the laws affecting the supervision of the insane and mentally defective, living uncared for and unrecognized in the community, as well as the methods of procedure in criminal trials.

Sir John Macpherson, in a personal letter to Dr. Briggs, writes:

You are much to be congratulated, not on the writing, the labour, and the accuracy of the work, — all that in your case might have been expected and

goes without saying, — but in presenting scientifically, and so far as I know for the first time, a complete vindication of the contention of your profession in respect to this class of murderer. You have also confirmed the multitudinous protests of single individuals against the haphazard, rough-and-ready methods of justice in most modern countries.

“THE BRITISH JOURNAL OF INEBRIETY,” London, Eng.:

This book affords a powerful appeal for scientifically directed examinations of mental defectives and the early treatment of all cases presenting signs of mental disorder. The work is essentially one for the study of alienists and medico-legalists.

“THE LANCET,” London, Eng.:

The subject of murderers and their punishment is unfortunately of topical interest. The more interesting types of criminals are those who are not of normal mentality. Dr. Briggs' book contains much useful matter for those interested in amending the legal test of insanity. Richeson was certainly abnormal. Indeed, in this country a defense of insanity might well have been raised successfully on his behalf. It might have failed, but in any case he would never have been allowed to plead guilty and have been sentenced to death without trial. When we consider that the girl with whose murder he was charged drank poison in her own home, no doubt after she had obtained it from him, we realize that American criminal practice differs widely from our own.

Henry Letheby Tidy, M.A., M.D., B.Ch. (Oxon.), F.R.C.P. (London), Physician to the Great Northern Hospital and St. Thomas' Hospital:

I have read your book with much pleasure. It is a wonderful study.

“REVIEW OF NEUROLOGY,” London, Eng.:

No psychiatrist can possibly afford to omit a careful study of this volume, which is, however, written in a somewhat popular style with the aim of influencing and instructing public opinion in such cases, and especially of emphasizing the need of protecting such individuals from the effect of their actions. Otherwise they not only come to grief themselves, but involve innocent persons in their tragedies. As a contribution toward this end the volume ranks very high. The views expressed regarding the difference between medical and legal insanity and the proper examination of criminals for mental states are worthy of careful attention.

Governor Channing H. Cox of Massachusetts writes:

When I went home last evening I took a lot of work which I intended to do. After dinner I picked up your new volume and read it all the evening with the greatest of interest, which shows, I believe, how much it impressed me.

Ex-Attorney General of Massachusetts, James M. Swift, writes:

I have been much interested in your handling of the Spencer case. It recalls to mind much that had been pushed into the background. The purpose you have in mind is a most worthy one, and this volume should be a valuable addition to the literature on the subject.

Benjamin Loring Young, Speaker of the Massachusetts House of Representatives:

I have read your book with great interest. I congratulate you upon the successful way in which you have proved your case.

Gardner W. Pearson, Assistant District Attorney of Middlesex County, Massachusetts:

I find the same thing that Governor Cox found — "Once started, it is very difficult to stop reading it."

Joel E. Goldthwait, M.D., the eminent orthopædist of Boston, Mass.:

I am tremendously impressed with this book. It should be of great value to students of such matters, but most suggestive to all classes. It is a great work, and I congratulate you most sincerely.

Dr. E. H. Cohoon, Superintendent of the Medfield State Hospital, Massachusetts:

I feel like expressing to you my gratitude for writing such a book. Its merits, it seems to me, might be considered under two headings: First, its scientific treatment of the problem of psychopathy as it particularly affects those psychopaths who are led to commit violent deeds. So few of the writers have presented as you have an explanation of these acts of violence. Second, the spirit of humanity. The whole book breathes of humaneness — not in its maudlin sense, but in a sense of fairness to the public and to the individual. In addition, I want to congratulate you upon the completeness of the material and its arrangement. Taken all in all, I know of no book published recently that is more timely or that is better prepared.

Dr. Walter E. Fernald, Superintendent of the Massachusetts School for the Feeble-minded:

When I once opened the first page I was obliged to read it through without stopping.

John N. Ross, late Psychologist to the Auburn Prison, New York:

I consider it a most wonderful work, and feel that Dr. Briggs has done a very liberal part for the cause of science.

Brigadier General Charles E. Sawyer, physician to the late President Harding, Washington, D. C.:

"The Manner of Man that Kills" contains much interesting data, many helpful suggestions, and, in my present relation, is suggestive of my great responsibility in safeguarding the President of the United States. The remedies indicated, the methods advised and the principles suggested, anticipating this and similar disorders, are most commendable, and should meet the approbation, co-operation and recommendation of all who are interested in the welfare of the human family.

Dr. James T. Fisher, Professor of Psychiatry, University of Southern California:

I have read the very interesting book, and am pleased to a degree beyond words — better than any detective story I have ever read.

Karl A. Menninger, M.S., M.D., Professor of Abnormal Psychology, Washburn College, Topeka, Kans.:

I have just completed reading "The Manner of Man that Kills." I read every word of it. I am so enthusiastic about it that I am going to require every member of my class in criminology to read all three cases. Any one who could write so stimulating a book as "The Manner of Man that Kills" will have much more to give to those who wish it.

The Eugenics Record Office, Carnegie Institution of Washington:

"The Manner of Man that Kills" has been reviewed by Dr. Davenport, and is a very interesting book.

The "NEW YORK EVENING POST":

Dr. Briggs' book is far more entertaining than many novels. It should be read by all those who believe in capital punishment and who do not subscribe to the doctrine, "To know all is to forgive all."

"THE JOURNAL OF MENTAL SCIENCE," London, Eng., in 1923, gives a second review of three pages, "having regard," it says, "to the importance which the subject dealt with has assumed of late."

If you desire a copy of this book, please enclose your check, and the address to which you wish the book sent, to L. V. Briggs, M.D.,
7 Charles Street, Boston. Price \$5.

HISTORY OF THE PSYCHOPATHIC HOSPITAL

BOSTON, MASS.

BY L. VERNON BRIGGS, M.D.,

AND COLLABORATORS:

Elisha H. Cohoon, M.D., Superintendent, Medfield State Hospital, late Administrator of the Psychopathic Hospital; Douglas A. Thom, M.D., Chief of Out-patient Department, Boston Psychopathic Hospital, Instructor in Psychiatry, Harvard Medical School, Director of the Children's Habit Clinic, and Director of Division of Mental Hygiene, Department of Mental Diseases of Massachusetts; Mary C. Jarrett, formerly Chief of Social Service, Psychopathic Hospital, and Associate Director of Smith College Training School for Social Work; A. Warren Stearns, M.D., late of Medical Staff, Psychopathic Hospital, now Assistant Professor of Neurology, Tufts Medical School, Chief of Clinic, Department of Nervous and Mental Diseases, Boston Dispensary, and Psychiatrist to the Massachusetts State Prison; Myrtelle M. Canavan, M.D., associated with the late Dr. Southard as Assistant Pathologist to the State Board of Insanity, now Pathologist, Massachusetts Department of Mental Diseases; Helen B. Hopkins, Trustee, Psychopathic Hospital; H. C. Solomon, M.D., Chief of Therapeutic Research, Psychopathic Hospital, and Instructor in Neuropathology, Harvard Medical School; and Albert Evans, M.D., Secretary-Treasurer of Massachusetts State Hospital Trustees' Association.

Every reader of Dr. Briggs' book, "OCCUPATION VERSUS RESTRAINT," should read "THE HISTORY OF THE PSYCHOPATHIC HOSPITAL."

Of this book, the "BOSTON HERALD," in a two-column review, says:

Dr. Briggs' book is but one of the fruits of a life study of the mentally ill and defective. That they cannot plead for themselves — or, when they can,

make a plea which is not accepted because of their legal status — has been his inspiration for efforts toward the betterment of their condition and for raising standards of mental medicine and of institutional care. . . .

The "History of the Psychopathic Hospital," containing an intimate account of its establishment ten years ago, is told for the first time by Dr. L. Vernon Briggs in a book just published and dedicated to Dr. Elmer E. Southard, its first Director. The chapters by the collaborators, each specially noted in the profession and prominent in developing the Boston Psychopathic Hospital, form a complete history in itself of the present-day institution from a scientific viewpoint of organization and operation.

Dr. Thomas W. Salmon, late Director of the National Committee for Mental Hygiene, and now Professor of Psychiatry at Columbia University, writes:

I sincerely hope that, after a long and rather unexplainable interval, the period of extension of psychopathic hospitals will commence again. This will make your book doubly useful at this time.

The Rev. Edward A. Horton, Chaplain of the Massachusetts Senate, says:

It is a story of a battle well waged; of a victory well won; of a deserving cause made effective for human welfare.

The Rev. Elwood Worcester:

I have read "The History of the Psychopathic Hospital" with a great deal of pleasure, and it brings back to my mind the very strenuous days when we were struggling to establish this highly valuable institution. This is a great monument to your humanity and perseverance.

A review in the "JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION," says:

"The History of the Boston Psychopathic Hospital" is of the greatest interest, as it marks almost a new departure in American psychiatry. This book by Dr. Briggs, to whose energy and persistence the final successful accomplishment was largely due, is therefore well worth reading. . . . The difficulties that were encountered and the solutions found will prove of the greatest value to other states in planning similar ventures, and the accomplishments should go far to demonstrate the vital importance of psychopathic hospitals to a community in meeting one of its greatest problems.

If you desire a copy of this book, please enclose your check, and the address to which you wish the book sent, to L. V. Briggs, M.D.,
7 Charles Street, Boston. Price \$3.



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